



A Citizen Voice for the
Aging Experience

ENGAGING NH NEWS

GUEST OPINION:

The Right Choice

by Marion Day

I awoke one morning last fall suddenly profoundly deaf. Since 2011 and perhaps before, I had, even with state-of-the-art hearing aids, been losing my hearing in my right ear. The left had already lost most hearing prior to that time. Earlier in 2013, I had noticed a decline but actually thought the hearing aids might be at fault, and so had sent them back to the manufacturer to check that out to see if that was the problem.

After an emergency visit with the audiologist and ENT specialist, it was determined my hearing loss was unique and might be due to a genetic loss. This was so frightening to hear. What would I do since hearing aids no longer worked for me?

The specialist referred me to Dartmouth Hitchcock Clinic in Lebanon where there was a team that did cochlear implants. He thought I might be a candidate for that procedure. I had never heard of it and did not know what to expect. After extensive hearing tests, it was determined by the surgeon that I would be an excellent candidate for the procedure. He explained the surgery and I was given many materials to take home and digest over the next several months. With fingers crossed and lots of prayers, I decided to go ahead with the surgery which I had done March 4, 2014.

It was a very long, tough, isolating winter for me. So many things had changed so quickly regarding my hearing. I eventually gave up my part-time job in November because of the profoundness of

*Consider what you want
from your life and
how full it can be*

my loss and my own fears for my personal safety on the wintry roads. I had to depend on my family to make calls and appointments for me. Texting was the main means of communication for me. I could not hear the fire alarm going off in my apt building, and it did, with an actual fire in one of the apts.

I was really concerned for my safety at that point and I asked my daughter and granddaughter to move in with me. I had lived alone prior to them coming to live with me. There were so many things to consider and deal with. I pulled back from my usual activities and social life during that time. Not easy to go to dinner and participate in conversation at the

October 2014
Volume 8, Issue 10

BOARD OF
DIRECTORS

Carol Currier
Concord, NH

Carol Dustin
Lebanon, NH

Stephen Gorin,
PhD, MSW
Canterbury, NH

Sheila E. King
Hampton, NH

Marge McClellan
Berlin, NH

Barbara Salvatore
Bedford, NH

Maida Sengupta
Nashua, NH

Roger Vachon
Concord, NH

Donna Woodfin
Concord, NH

EngAGING NH
9 Eagle Drive
Bedford, NH

engagingnh@gmail.com
www.engagingnh.org

In this Issue

NH Updates	page 2
From Our Readers	3
ServiceLink Focus	5
News You Can Use	6
Health & Wellness	8
Tech Tips	12
Dollars & Sense	13
Laugh & Live Longer	16
Purposeful Living	17
Board Notes	18
NH Legislative Contacts	15

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.

table.

March 4th came so slowly. I had been anticipating the surgery for so long! My mindset was really good about it. I just wanted to hear again! So many prayers were said, so much hope and anticipation for that day. After a month of healing, I returned to DHC to have my implant turned on . . . the moment of truth was here . . . and I could hear! I couldn't believe it at first. What a miracle, what a tremendous feeling of hope, joy and thankfulness!

Since April, with every additional visit to DHC, and mapping of my implant, I have done very well with very clear hearing. At last visit in July, when hearing tests were done, I was hearing 88% of sentences and 60% of words, up from 24% of sentences and 14% of words in November.

My story is literally a very happy one. If you are faced with a similar decision, consider what you want from your life and how full it can be once again with an implant. It is so nice to hear everything once again, a blessed gift to hear all

those sounds like birds chirping, a knock at the door, a social life with you in it again.

I hope this article helps at least one person who might be at a crossroads and trying to make a decision.

Marion Day is an EngAGING NH reader living in Manchester, NH

NH Updates

NH PUBLIC TV: TRANSFORMING LIFE AS WE AGE

This special report *supported by [The SCAN Foundation](#)* will cover topics central to maintaining choice and independence as we grow older:

Most of us don't want to think about how we'll manage when we're very old. And yet, aging well requires planning. The articles and videos gathered here will focus on everything from how you will afford help when you need it, to new kinds of communities that support older people, to ideas that promote creating a network of

care.

<http://www.nextavenue.org/special-section/transforming-life-age>

TIME FOR HATS !!!

It's that time of year, knit hats are needed for our troops. If you can knit or crochet or you know of someone or a group that could help out- please send this along.

Seniors have helped immensely with this project, and last year over 370 hats were sent overseas from the Merrimack County ServiceLink collection site. Let's see if we can top it this year!

Please contact JoAnne Schottler, Pease Greeters for directions (jscatlady@aol.com) or call if you have any questions or if you need help to pick up hats from a site.

Last year we were able to push for a big delivery and we had 90 hats just in time to fill some Christmas stockings for troops. What a great gift this made.

Thank you in advance! Janet Dineen 603-228-6625

NEW HAMPSHIRE VOTERS OVERWHELMINGLY SUPPORT INCREASING SOCIAL SECURITY BENEFITS

This is not just an issue of public policy, but rather a core value. Seventy-nine (79) percent of likely 2014 voters support "increasing Social Security benefits and paying for that increase by having wealthy Americans pay the same rate into Social Security as everyone else" including 55 percent who strongly support, while just 21 percent oppose.

Strong support exists across party lines:

- Democrats: 90 percent support (69 percent strongly support)
- Independents: 81 percent support (59 percent strongly support)
- Republicans: 70 percent support (42 percent strongly support)

For New Hampshire voters, Social Security is an issue that can strongly drive support in the November election. Voters support increasing benefits and oppose cutting benefits.

Voters say they would reward their member of Congress if they voted to increase benefits. Sixty (60) percent say they are more likely to vote for their member of Congress if they voted for increasing Social Security benefits, while 16 percent say they are less likely and 24 percent say it makes no difference.

A strong majority of voters would punish their member of Congress if they voted to cut benefits. Seventy-two (72) percent say they are less likely to vote for their member of Congress if they voted for cuts to Social Security benefits, while 13 percent say they are more likely and 15 percent say it makes no difference.

Source: Center for Community Change Action and Social Security Works, Lake Research Partners surveyed 511 registered likely 2014 New Hampshire voters by telephone from August 17th through 21th, 2014.

UNH LAUNCHES NEW COMMUNITY CARE COORDINATION PROGRAM

The University of New Hampshire has created a program to fill a need expressed by medical and social service professionals to bridge services provided by hospitals and those in the community.

The certificate program in community care coordination includes courses in a variety of areas, including health benefits, transportation needs, set up of in-home care, coordination of informal supports,

FYI . . .

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

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

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

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

engagingnh@gmail.com

assistance with activities of daily living, and hospital-home transitions.

The school says the positions are among the fastest-growing occupations in the health care field, with a projected growth in NH of more than 50 percent by 2020.

The flexible 19-credit program begins this fall.

"For many people, the hospital's coordination job ends once the patient is discharged," says Laura Davie, co-director of UNH's Center on Aging and Community Living, one of the groups sponsoring the new program. "Coordinating services across the medical and social service system requires a unique skill set. This program seeks to train individuals to fill that need."

The Thompson School of Applied Science also is sponsoring the new certificate program.

From Our Readers

KUDOS

Very nice issue, [EngAGING NH]. I read the POLST article with interest because several of us have been working for a few years to get our Virginia General Assembly to sanction POST (Physician's Orders for Scope of Treatment), which came out of the West Coast and is virtually identical to POLST except in name. Congratulations on getting this done in NH.

Edward F. Ansell, Ph.D., Director, Virginia Center on Aging

PONDER THIS

“Old is when you give up, until then you are spectacular.”

Growing Boulder

LET'S ALL REMEMBER TO TAKE THE TIME TO LIVE!!!!

A friend of mine opened his wife's underwear drawer and picked up a silk paper wrapped package:

“This”, he said, “ isn't any ordinary package.”

He unwrapped the box and stared at both the silk paper and the box..

“She got this t he first time we went to New York , 8 or 9 years ago. She has never put it on, was saving it for a special occasion. Well, I guess this is it.”

He got near the bed and placed the gift box next to the other clothing he was taking to the funeral house, his wife had just died. He turned to me and said:

“Never save something for a special occasion. Every day in your life is a special occasion.”

I still think those words changed my life.

Now I read more and clean less.

I sit on the porch without worrying about anything.

I spend more time with my family, and less at work.

I understood that life should be a source of experience to be lived up to, not survived through. I no longer keep anything. I use crystal glasses every day . . . I'll wear new clothes to go to the supermarket, if I feel like it.

I don't save my special perfume for special occasions; I use it whenever I want to. The words ‘Someday . . .’ and ‘One Day . . .’ are fading away from my dictionary. If it's worth seeing, listening or doing, I want to see, listen or do it now.

I don't know what my friend's wife would have done if she knew she wouldn't be there the next morning, this nobody can tell. I think she might have called her relatives and closest friends.

She might call old friends to make peace over past quarrels. I'd like to think she would go out for Chinese, her favorite food. It's these small things that I would regret not doing, if I knew my time had come.

Each day, each hour, each minute, is special. Live for today, for tomorrow is promised to no-one.

‘One of these days’, remember that ‘One day’ is far away . . . or might never come’.

Here's an article on low-fat diets that may be of interest to your readers:

CUTTING BACK ON CARBS, NOT FAT, MAY LEAD TO MORE WEIGHT LOSS

We've reported a lot this year about how there's a major rethinking of fat happening in the U.S. Turns out, eating foods with fat — everything from avocados and nuts to dairy fat — doesn't make us fat. But eating too many carbohydrates — particularly the heavily refined starches found in bagels, white pasta and crackers — does

ENH welcomes all points of view and invites your submissions.

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

engagingnh@gmail.com

our collective waistlines no favors. Researchers at Tulane University tracked two groups of dieters for one year. The participants ranged in age from their early 20s to their mid-70s and included a mix of African-Americans and Caucasians. The low-carb group, which reduced their carb consumption to about 28 percent of their daily calories, lost almost three times as much weight as the low-fat dieters who got about 40 to 45 percent of their calories from carbs.

In fact, there are a spate of studies that have come to the same conclusion about the benefits of swapping a low-fat, high-carb strategy for a pattern of eating that emphasizes healthy fats and lower carbohydrate consumption. It's not just waistlines that respond. The low-carb, healthy fats approach has been shown to cut the risk of heart disease. One big [study](#) published in the *New England Journal of Medicine* found that a Mediterranean diet rich in olive oil cut the risk of heart attacks and strokes by 30 percent, compared to a low-fat diet. Research [published](#) last year in the *Journal of the American Medical Association*, which compared a low-glycemic-index diet — which minimizes refined starches — with a more traditional

low-fat diet, also documented advantages. "We saw improvements in triglycerides, [good] cholesterol, and the possibility of lower chronic inflammation" among the lower carb group, *JAMA* study author David Ludwig of Harvard Medical School and Boston Children's Hospital told us.

Source:

http://www.npr.org/blogs/thesalt/2014/09/01/344315405/cutting-back-on-carbs-not-fat-may-lead-to-more-weight-loss?utm_medium=RSS&utm_campaign=health

MEANINGFUL CONSUMER ENGAGEMENT

The Transformative Power of Consumer Engagement

As new state demonstrations to improve and integrate care for Medicare-Medicaid enrollees (also known as "dual eligibles") move forward, health plans and provider groups (here, referred to collectively by the term "delivery systems") must employ meaningful consumer engagement strategies.

Federal guidance from the Centers for Medicare and Medicaid Services calls upon states to ensure the voices of older adults, persons with disabilities, and their caregivers are heard in the design, implementation, and oversight of the demonstrations. Their voices are vital because Medicare-Medicaid enrollees have complex medical and social needs, as well as personal preferences, that all members of the delivery system need to understand and respect in order to truly provide person-centered care.

Community Catalyst believes that consumer engagement, done well, fosters an atmosphere of active, ongoing collaboration and conversation that will benefit consumers and their caregivers, health plans and provider groups, and ultimately transform the health care delivery system. To ensure meaningful consumer engagement occurs, Voices for Better Health created a Toolkit for delivery systems to use as they implement effective strategies of engagement. It includes two important concepts:

1. Engaged Consumers Have Many Seats At The Table
2. Engaged Delivery Systems Fine-tune Care Delivery

To sum it up, active, meaningful consumer engagement gives delivery systems and their consumers the tool they need the most to improve and maintain health and quality of life – information that leads to action. Delivery systems need information from consumers and their caregivers about the stronger and weaker aspects of care delivery – aspects that impact the system's bottom line as well as consumers' health outcomes and quality of life.

Similarly, consumers and their caregivers need easy-to-understand information about how to best navigate their newly integrated delivery system and how the system is using consumer feedback for continued quality improvement. This "feedback loop" between consumers, their caregivers, and the entire health care delivery system will be criti-

cal to the success of the demonstrations.

For more information, go to:

<http://www.communitycatalyst.org/resources/tools/meaningful-consumer-engagement>

OPEN ENROLLMENT PERIOD for Medicare Prescription Drug Coverage (Part D) and Medicare Advantage Plans begins October

ServiceLink Focus

15th and ends December 7th. This is time to review your Medicare options for the coming year and consider making changes - because this is the time Medicare prescription and health plans can make changes in their benefits, the prescriptions they cover, as well as your deductibles, copays and monthly premiums.

ServiceLink's Medicare-certified specialists can assist you in comparing all your options, so you can find the most appropriate plan that best fits your needs. ServiceLink's Specialists can also see if you qualify for other benefit programs that could help reduce your Medicare expenses.

A word of caution - this also a busy time for scam artists and unlawful sales practices who try to put seniors and other people with Medicare at risk for healthcare fraud and identity theft. Be aware of people who say they are from Medicare. Medicare does not make home visits or call on the phone to ask for your Medicare number. **Protect your Medicare benefits and your Medicare**

card. To find out more ways to protect yourself from healthcare fraud, ask our ServiceLink Specialists for a personal NH Health Record and the flyer: *Don't Be a Victim of Healthcare fraud.*

Call ServiceLink Resource Center at 1-866-634-9412 (Toll-Free) for more information or to schedule a confidential appointment.

News You Can Use

GET YOUR FLU SHOT

Because your immune system weakens as you age, adults age 65 years and older are more susceptible to the flu. It is important all seniors get the flu vaccine.

You have two options for vaccination: the regular dose flu shot and the high-dose shot that results in a stronger immune response. Talk to your health care provider to decide which one is right for you.

Why is a higher dose vaccine available for adults 65 and older?

Human immune defenses become weaker with age, which places older people at greater risk of severe illness from influenza. Also, ageing decreases the body's ability to have a good immune response after getting influenza vaccine. A higher dose of antigen in the vaccine is supposed to give older people a better immune response, and therefore, better protection against flu.

Does the higher dose vaccine produce a better immune response in adults 65 years and older?

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

© 2014 EngAGING NH, All Rights Reserved

www.engagingnh.org

EngAGING NH Newsletter articles may be copied for personal use, but proper notice of copyright and credit to EngAGING NH must appear on all copies made. This permission does not apply to reproduction for advertising, promotion, sale or other commercial purposes.

Data from clinical trials comparing Fluzone to Fluzone High-Dose among persons aged 65 years or older indicate that a stronger immune response (i.e., higher antibody levels) occurs after vaccination with Fluzone High-Dose. Whether or not the improved immune response leads to greater protection has been the topic on ongoing research. A study published in the *New England Journal of Medicine* indicated that the high-dose vaccine was 24.2% more effective in preventing flu in adults 65 years of age and older relative to a standard-dose vaccine. The confidence interval for this result was 9.7% to 36.5%.

www.flu.gov

THE AFFORDABLE CARE ACT IS WORKING FOR SENIORS

More than 8.2 million seniors and people with disabilities with Medicare have saved more than \$11.5 billion on prescription drugs since 2010. (Source: CMS)

Average of \$1,407 per beneficiary

The Affordable Care Act is making prescriptions more affordable for seniors by phasing out the Medicare donut hole.

Part B Medicare premiums are projected to be the same in 2015 as they were in 2013 and 2014. (Source: Medicare Trustees Report)

ATTENTION SNOWBIRDS

As far as bugs go, caterpillars are usually pretty tame – except for one.

Help Spread the Word!

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

Forward it on!

It's a fat, furry caterpillar that is popping up in trees across Florida, and it's known as the "puss caterpillar," or *Megalopyge opercularis*. But whatever you do, do not touch this bug. Stay away from it, scientists say. Its fur is actually covered in venom.

Doctors from the University of Florida say the second you touch this caterpillar you feel instant, intense pain. The pain is worse than a bee, jellyfish, or scorpion, and it can also cause vomiting and convulsions. Doctors say be aware of them while working outdoors because they are known to fall out of trees.

FINDING HUMOR EVERYWHERE

We all like to laugh, but do you actively seek out ways to find things funny? You probably don't, but you might want to consider it.

Laughing gets your heart going, which improves cardio health, engages your core muscles, and re-

leases endorphins, your body's natural pain killer.

Aside from being healthy, laughter transcends cultures, country boundaries, and language. Everyone laughs, and almost everyone likes to laugh. We even published an entire magazine issue dedicated laughing; called *The Laughter Issue*, back in 2009. On the cover is President Barack Obama's Kenyan grandmother Sarah Obama laughing for joy after her grandson was elected President of the United States.

There is only one way to reap the benefits of laughter—find humor in things, anything, and if possible, everything. While a trip to the comedy club, or a funny movie will get the job done, Allen Klein, author and Jollytologist, thinks you should find humor in everyday occurrences.

"If you look and listen for humor, it's all around us," Klein explains.

A key to finding the humor that you might not know is around you is to keep a good attitude, lighten up, and don't take things too seriously. Klein keeps a red clown nose with him as a prop, and puts it on whenever he finds himself falling into the trap of taking our "stressful" lives too seriously.

In the video link below, Klein mentions more ways to inject humor into your everyday life, and discusses his new book, *Having the Time of Your Life*, which we will be running an excerpt from in the coming weeks. - See more at: <http://theoptimist.com/finding-humor-everywhere/#!bKpRY4>

MEDICARE TO START CARE COORDINATION FOR CHRONICALLY ILL BENEFICIARIES

Health & Wellness

Last year, the Centers for Medicare & Medicaid services (CMS) finalized a policy to begin paying Medicare physicians for non-face-to-face services intended to manage care for those with multiple, chronic conditions. CMS recently announced the proposed payment rate for these chronic care management services.

According to CMS, in January, Medicare will begin paying doctors who coordinate the care of patients with two or more chronic conditions. Reporting on the proposed payment rule, the [New York Times](#) provided details on this new policy.

Patients with chronic conditions who wish to have a doctor manage their care must sign up in writing, and their doctor will then draw up and help execute a plan to manage the patient's chronic conditions. The doctor, or someone on the doctor's staff, will also be available 24 hours a day and seven days a week to help with any "urgent" needs of the patient, related to their chronic condition.

For each patient, the doctor will be paid \$42 per month by Medicare to perform these services.

END-OF-LIFE CARE NEEDS SWEEPING OVERHAUL, PANEL SAYS

The United States needs to improve its medical care for people nearing death, a move that might cut rising healthcare costs, an Institute of Medicine (IOM) study said on Wednesday.

The 507-page "Dying in America" study is aimed at opening a debate on how the U.S. healthcare system treats Americans nearing death and urges comprehensive care to improve the quality of life in their final days.

The study was spurred by allegations that under the 2010 Affordable Care Act doctors who would advise patients about end-of-life issues would be part of "death panels" that would judge who would live and who would die. The proposal never became law.

When political leaders hesitate to discuss end-of-life issues, "it is incumbent on others to ... promote a reasoned and respectful public discourse on the subject," IOM President Dr Victor Dzau and former IOM President Dr Harvey Fineberg wrote.

Doctors need training in how to talk to patients about planning for their deaths since more than a quarter of U.S. adults have given little or no thought to about how they would like to die, the report said.

That has occurred even though polls show that many Americans worry about the potential high costs of care near the end of life

and do not want to be a burden on family members, the study said.

One benefit of improved end-of-life programs could be lower healthcare spending in the United States, which reached \$2.8 trillion in 2012, the study said.

A 2011 analysis showed that a patient's directive limiting treatment near the end of life could save \$5,585 per death in areas of the United States with high healthcare costs, it said.

One healthcare program saved \$2,000 a month per patient when treatment was aligned with patients' end-of-life preferences and care that was more coordinated.

The report recommended that insurers and healthcare providers provide incentives to hold down the need for emergency services and that the use of electronic healthcare records be increased.

Public health organizations and consumer and religious groups also should encourage people to decide about how they wish to be treated if they are nearing death, the report recommended.

The nonprofit IOM is part of the National Academies, which advise the U.S. government on scientific and technical issues.

9/17/14, Reuters

UMASS MEDICAL SCHOOL STUDY QUESTIONS ALZHEIMER'S TREATMENTS

More than half of the people in nursing homes who are in end stages of Alzheimer's disease are prescribed medications with questionable benefits, according to a

recently published UMass Medical School Study.

These treatments - such as medication to treat dementia and to lower cholesterol – not only drive up medical costs, but also put patients' health at risk since may have troubles swallowing pills and communicating side effects to healthcare providers.

"The main concern centers on the under-appreciated burden and personal cost of using questionably beneficial meds," said study lead author Dr. Jennifer Tjia. with the department of quantitative health sciences at the University of Massachusetts Medical School in Worcester. "Giving many daily medications to these patients, who often have difficulty eating and swallowing, is often uncomfortable [for the patient]."

The study examines the medical records of 5,406 nursing home residents with advanced dementia in 460 facilities throughout the United States from a time period of 2009-2010. The report found that nearly 54-percent of patients had received at least one medication that had questionable benefits to the patient. This occurred because the doctor declined to take the patient off the medication even when the symptoms worsened over time.

"Giving so many medications is not consistent with the goals of care for these patients, which is typically comfort," said Dr. Tjia. "Many of these medications have very real health risks, such as nausea, sedation, arrhythmias [irregular heartbeat], and urinary retention."

The study was published in the Sept. 8th online issue of JAMA Internal Medicine. The study notes that the U.S. Institute of Medicine suggests keeping treatment for terminally ill patients to a minimum

Dr. Pizzo said that in surveys of doctors about their own end-of-life preferences, "a vast majority want to be at home and as free of pain as possible, and yet that's not what doctors practice."

Palliative care skills should be extensively taught in medical, nursing and social work schools, panel members said, a change that Dr. Meier said "is going to require a revolution in health care education." To ensure consistency and quality of palliative care, there should be "pretty dramatic change in all the certifying boards, accred-

iting boards and regulatory entities," Dr. Pizzo said.

The report is the culmination of two years of research and hearings by the committee. The \$1.5 million cost of the work was financed by an anonymous donor who had no control over who served on the committee or over the report itself. The donor recently approved additional funding for a yearlong public education campaign about the report.

UPDATE ON HOSPITAL ADMISSION/OBSERVATION ISSUES

October 1, 2013 is an important date for Medicare patients' hospitalizations. Medicare beneficiaries may receive letters from hospitals about their hospitalizations after October 1, 2013 if hospitals decide to withdraw their Part A charges and, instead, bill Medicare Part B and bill the patients for Part B co-payments and medications. Patients' entitlement to Part A coverage of their skilled nursing facility care (SNF) is not affected.

Medicare beneficiaries who were hospitalized before October 1, 2013 may hear nothing from their hospitals, though the hospitals may either accept the settlement terms offered by CMS or continue to pursue their administrative appeals. (CMS's offer to settle pending appeals of inpatient denial claims with hospitals for 68 cents on the dollar but hospitals "may not choose to settle some claims and continue to appeal others.")

These patients' SNF coverage is also unaffected.

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 "ENAGING 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.

(Editor's note: In an attempt to improve recidivism in hospital admissions, CMS imposed fines in certain situations. In order to avoid the appearance of inappropriate readmissions, hospitals sometimes used the observation rather than admission status even when keeping a person over night or for a few days. This practice changed certain covered services for the patient and a law suit resulted.)

OPTIMISM ON POPULATION AGING

How much does age matter? Chronological age may be less useful than commonly thought in predicting future health care expenditures, which are often pushed into the last years of life: so-called "compression of morbidity." An alternative to chronological age, the "adult disability dependency ratio" has been developed in Europe.

It estimates that for the next generation, this ratio may remain, which would mean that expenses for caring for a disabled population would not grow as the number of those disabled increases. For more on this ratio, visit: <https://www.population-europe.eu/Library/PopDigest/3411/en>

HEAL YOUR EYES

The industrialized world is faced with an epidemic of visual defects, which is rare in less developed countries. It appears that the number of cases of nearsightedness rises within a single generation if

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

people are better educated and spend more time indoors. Staring many hours per day to your computer screen certainly doesn't help. The Chinese claim to have discovered a simple tool to combat the growing number of people suffering from myopia. There's an official government policy that calls on Chinese students and factory workers to carry out certain visual exercises outlined on official posters for about ten minutes, twice a day.

General instructions:

1. Keep your eyes closed during these exercises.

2. Massage slowly and gently until the area surrounding your eyes becomes slightly tender.

3. Perform these exercises twice a day.

Exercise 1

Massage the insides of the eyebrows with your thumbs while resting your slightly curved fingers on your forehead (repeat 8 times).

Exercise 2

Massage the bridge of the nose using your thumb and index fin-

ger. Work down, then up (repeat 8 times).

Exercise 3

Place your thumbs on your lower jaw and place your index and middle fingers against the sides of your nose, where your nostrils are. Lower your middle fingers to massage your cheeks, keeping your index fingers in place (repeat 8 times).

Exercise 4

Curve your fingers inward and place your thumbs on the sides of your forehead. Make a rubbing motion with the side of your index fingers following the pattern 2-3-4-6-5 as outlined in the illustration (repeat 8 times). See more at: <http://theoptimist.com/healing-eyes/#!bNMIw9>

MINDFULNESS TRAINING FOR CAREGIVERS

A new study published in the *American Journal of Alzheimer's Disease and Other Dementias* found that mindfulness training for individuals with early-stage [dementia](#) and their caregivers together in the same class was beneficial for both groups, easing [depression](#) and improving sleep and quality of life, reports new Northwestern Medicine study.

"The disease is challenging for the affected person, family members and caregivers," said study lead author Ken Paller, professor of psychology at Weinberg College of Arts and Sciences at Northwestern and a fellow of the Cognitive Neurology and Alzhei-

mer's Disease Center at Northwestern University Feinberg School of Medicine. "Although they know things will likely get worse, they can learn to focus on the present, deriving enjoyment in the moment with acceptance and without excessive worry about the future. Neurodegenerative diseases such as Alzheimer's are particularly hard on caregivers, who are often close family members. They tend to have an increased incidence of [anxiety](#), depression, immune dysfunction and other health concerns as well as an increased mortality rate, according to prior studies. This is the first study to show that the caregiver and the patient both benefit from undergoing mindfulness training together. This is important because caregivers often don't have much time on their own for activities that could relieve their emotional burden. The training also helps the patient and caregiver accept new ways of communicating scientists said.

Read more at

<http://www.medicalnewstoday.com/releases/281562.php>

BENEFITS OF HUMAN TOUCH

"You can't imagine how much it helped me having you there to hold my hand when I was so scared." Have you ever said this to someone in your life? Or has someone ever said it to you? Something remarkable happens through physical contact, something as powerful as a drug, something that effectively reduces pain and anxiety. And the stronger the relationship between the people touching, research shows, the more effective the physical con-

tact. Affection can't heal injuries, but it can reduce feelings of solitude and fear. It can even help with physical pain. In one experiment researchers studied the levels of fear and pain experienced by women when they were subjected to mild electric shocks. Left alone while receiving the electric shocks, the women felt fear and pain, and the areas of their brains responsible for emotion were particularly active. But if a member of the laboratory team held their hands—someone they had never met before and whose face they could not see—the women felt less fear, even though they were still in physical pain. Their brain activity calmed down markedly at every level if their partners were the ones holding their hands. Changes were visible in the hypothalamus, the brain area involved most in processing emotions, while the women's hands were held. The hypothalamus controls secretion of the body's hormones, in particular stress hormones. Scientists call emotional relationships "the hidden regulator" because they have a profound effect on brain function and because this effect is imperceptible when all is going fine. It only becomes obvious in situations of stress or threat. Human contact can help reduce physical pain and emotional anxiety. The entire pharmaceutical industry is trying to achieve the same effect with a pill, without producing any side effects. But a simple touch already does it. - See more at: <http://theoptimist.com/healing-touch/#!bJO4On>

COMMON DRUGS CAUSE COGNITIVE, PHYSICAL DECLINE IN ELDERLY

A widely used class of drugs called anti-cholinergics shows strong evidence of causing cognitive and physical decline in older adults—and yet they are still widely used by seniors. Anti-cholinergic drugs are frequently prescribed for conditions including high blood pressure, dizziness, diarrhea, asthma and depression, and even found in over-the-counter allergy, cold and cough medications. A number of studies in recent years have looked at the possible connection between anti-cholinergics and ‘age-related’ decline in mental and physical performance, and now a new analysis of all the available evidence has found that the drugs do indeed appear to be related to worsening cognitive ability and physical function. Of 46 studies (including a total of over 60,000 participants) included in the analysis, 25 of 33 (77%) that measured cognitive ability found that it declined in proportion to the amount of anti-cholinergic drug a person had been taking, and 5 of 8 studies that measured physical performance (62.5%) found that anti-cholinergics were related to a lower ability of people to perform everyday physical tasks like walking and getting dressed. Although the numbers aren’t available for US populations, as many as half of seniors in the UK are thought to be taking a drug with anti-cholinergic effects. Some brain cells rely on choline to process information, so it’s possible that

the negative effects of these drugs are related to fact that they interfere with these cells, but more research is needed before we know for sure why anti-cholinergics appear to be especially harmful to the elderly. In the meantime, the researchers are calling on physicians to use caution when prescribing these drugs to older patients and to monitor them carefully. (Source: *Age and Ageing*, 2014; DOI: [10.1093/ageing/afu096](https://doi.org/10.1093/ageing/afu096))

Tech Tips

TECH DEVICE TERMS

Cell Phone: Alternatively referred to as a cell, cellular, and cellular phone, a cell phone, which is also sometimes abbreviated as cp is a mobile phone or portable phone that enables a user to communicate almost anywhere in the world.

Desk Top: Common term used to describe a desktop computer. A desktop computer is a type of computer that fits on or under a desk, usually laying horizontally, compared to a tower that lays vertically. Unlike a laptop, a desktop computer is a stationary computer that remains at a desk

Land line Phone: Alternatively referred to as a main line, a landline is a term used to describe a telephone that is connected to other phones over a cable* or any other line. This term is often used when comparing or describing a standard home phone to a cordless or cell phone that has no wires or lines. Today, landlines are becoming

less-and-less popular as people are switching to cell phones. However, many still suggest having landlines in case of an emergency were to cause all mobile phones and Internet connections to go down or become overwhelmed. * not to be confused with digital phone service provided by a cable company such as Comcast.

Laptop Alternatively referred to as a notebook, a laptop is a portable computer that with the same abilities as a desktop, but is small enough for easy mobility. Portable computers run off AC power or batteries for a few hours.

MAC: Sometimes abbreviated as Mac, the Macintosh is a computer designed by Apple that was first introduced on January 24, 1984.

PC: Alternatively referred to as a Desktop and single-user computer, PC is short for Personal Computer:

Notebook: A notebook computer is a personal computer designed to be easily portable and capable of being run on batteries and electrical current, if needed.

Smart Phone: A smartphone is a cell phone that allows you to do more than just make phone calls and send text messages. Smart phones can browse the Internet and run basic software programs like a computer and the user often interacts with the smartphone by using their finger on the touch screen. There are thousands of smartphone apps (software programs), including games, personal-use programs, and business-use programs that can all be ran from the phone.

POLITICS APP

For a faster-paced summary of American politics, Politics Today, free on iOS, is a fabulous option. It gathers information from many Twitter feeds, giving a sense of the ever-evolving nature of information on social networks.

Summaries are split into broad categories like “news,” “liberal voices,” “conservative politicians” and so on. Tapping one of these categories takes you to a list of recent news articles and other online resources; tapping on a list item takes you to the source. It’s easy to find a political news item on a topic that interests you.

But all that information in such tiny type can be a little confusing to parse. And keep in mind that the app needs an Internet connection to get up-to-date info.

9/22/14 Boston Globe

Dollars & Sense

HOW TO ADDRESS THE FINANCIAL ASPECTS OF AGING

Issues relating to demographics pervade our society and the broader economy

I was recently interviewed by Reuters on the very important and often under-reported issues of dementia (and Alzheimer’s disease) and the management of one’s financial resources. I explained that many aging individuals do know their limitations and aren’t afraid to ask for help or turn over the de-

cision-making tasks to others at the proper time. However, some aging investors wait far too long and become subject to elder fraud or worse.

Issues relating to demographics and aging pervade our society and the broader economy. Though the tipping point varies by individual, at a certain age we seek security and look to strategic partnerships to assist our family with the next few decades. At age 85, the noted economist and former Fed chair Paul Volker reminded me that even he worries about his money. If world-famous economists seek assistance, shouldn’t we all?

Academic credentials may not always equate with the skills necessary for managing the family nest egg. Others feel they lack the interest in keeping up with current issues relating to the structure and behavior in the markets. Aging clients may also become subject to scams or cons, or the marketing efforts of charities, casinos or “wealth managers” promising too-good-to-be-true returns. Bernie Madoff built an empire on this, as many of our readers know.

The demographic trend of growing and aging populations that envelops much of the developed world will not change in most of our reader’s lifetimes. According to Pew Research, the life expectancy in the United States was 68.6 years in 1950 and is expected to reach 84.1 by 2050.

In addition, the loss of financial literacy and capacity is growing at both ends of the spectrum. According to U.S. Census data,

women are outliving men (81.4 years to 76.4 years estimated for 2015), and there also will be more senior, and financially challenged, folks around. The percentage of people over 65 years of age is estimated to rise from 13.1 percent in 2010 to 21.4 percent in 2050.

An excellent post by colleague Kimberly Blanton at the Center for Retirement Research at Boston College cited a recent study by economists Joanne Hsu (Federal Reserve Board) and Robert Willis (University of Michigan) that found that 80 percent of married older Americans who had been in charge of their household finances continued to manage them, even after tests revealed that they were not capable of doing so.

Blanton’s reporting, and the accompanying research at the Center for Retirement Research, suggest that steps of preparing “for the day when the person managing the money shouldn’t be” should be the focus of many families.

An economic dividing line also exists between those who ask for help and those who don’t. Hsu and Willis reported that couples with existing investment portfolios are “more responsive to information about cognitive decline.”

Defining self-worth

How should one cross that bridge and raise financial awareness about a cognitive decline? Candor, finesse and objective assessment are essential. Currently, there is no commonly accepted standard for when you should relinquish the reigns of control. The dynamic is similar to driving a car because at

a certain age the reaction reflexes just aren't the same.

For men, who sometimes serve as the family's CEO, it's more likely that they will be unwilling to give up control. The traits that often serve males well during their careers – hard work, determination and belief in their own judgments – can translate into counterproductive and nostalgic investment themes when they are least beneficial.

Women, often the family CFO, may be wiser in this area and should be brought into family discussions early.

Friends and clients in their 70s, 80s and 90s have explained the most difficult aspect of shifting from an active life of work and building is creating and molding a new definition of self-worth.

Nothing makes me happier than to partner with former judges, successful businesspeople and former colleagues in their encore careers where they seek us out for counsel for their family's financial security. Some realize they've "lost their fast ball" and others just wish to pay us so that they can spend more time with family and on issues they see as more important than spending time on the day-to-day care of their nest egg.

I've had others around a similar age reluctant to admit they need help. My proverbial alarm bells go off when I'm conferring with a client or prospective client that "hears" something very different from what I've said regarding their financial affairs – or they vacillate too long over decisions

Raise Your Voice!

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

engagingnh@gmail.com

and their financial security suffers from the resulting delay or neglect.

What to do now? It's time to make a call to a family member or their accountant or tax attorney to enlighten them. As always, honesty and transparency are the best policies. Keeping our client's "team" informed and engaged remains a top priority even when our assessments are sometimes difficult to share.

Tom Sedoric, managing director-investments of the Sedoric Group of Wells Fargo Advisors in Portsmouth, can be reached at 603-430-8000 or thesedoricgroup.com.

ALL IN ONE PLACE

The Internet's Role in Financial Support for Seniors

According to research by the University of Alabama, as individuals age one of the first things to slip is their ability to manage their finances. As we age, even the slightest cognitive losses affect the extent to which we can handle our money, ranging from forgetting to pay bills to misjudging an offer that had always seemed "too good to be true." Luckily, for every problem there is a solution. And today, for every problem there is

someone developing the technology to help.

That being said, developing technology that older generations are willing to embrace can be a challenge. Especially as it is often assumed that older individuals tend to be technologically adverse. However, according to data by the Pew Research Center, the percentage of Seniors age 65+ who go online is rising, up to 59% in 2013 from 14% in 2000. When broken down by age group, 68% of those 70-74; 47% of those 75-79 and 37% of elders 80+ report going online. Of those who do go online, the majority does so on a daily basis. And these are the generations that did not grow up with the internet as a part of their daily lives. As younger generations age, Senior participation on the internet will continue to climb. For this reason, there is a call for developers to provide more efficient online support in order to improve the quality of service offered by companies.

A new services offered by a big-name player is the Vanguard Personal Advisor Services which will manage your investments as well as give you maximum access to their financial planners. In other words, for 0.3% of assets a year, the service will allocate your portfolio, manage your distributions, rebalance your holdings, as well as allow you to talk to a human being on the other end of the phone. In addition to all this, it will also allow you to coordinate with you children so as to provide support in the case that you desire to pass money to your children. The ser-

vice is expected to officially

The day I hit my minimum retire-

lege doctoral candidate Mashfiqu

Contact Information For NH Members of the U.S. Congress				
Name	Mailing Address	Phone	Fax	E-Mail Contact Form
U.S. Representative Carol Shear-Porter	1530 Longworth HOB Washington, DC 20515	(202) 225-5456	(202) 225-5822	https://shearporter.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/

launch sometime next year.

Another services recommended for the elderly is PersonalCapital.com, an online dashboard on which you can link your accounts and allow them to be monitored by someone (for example your child) you trust. Whoever you choose to help you monitor your accounts for you cannot access the accounts themselves, but can see transactions go through and can look out for any strange looking purchases. PersonalCapital puts all your accounts in one place, making it easy to keep an eye on things.

Read more here- [“New Online Services Could Help Elders Manage Money, Avoid Financial Abuse.”](#)

Janet Novack, Forbes

PARENTS’ LONGEVITY SWAYS PLANS TO RETIRE

Penny DeFrates, a teacher, shared her reaction to a 2012 article that appeared on this blog:

ment age, I’m gone. I look forward to traveling, gardening, spending time with my grandkids, and volunteering at church, the American Red Cross and USO. My first husband died of a heart attack at 49-years-old, and my current husband lost his first wife to MS at 50-years-old.

The notion that life is short is a valid reason to retire – to travel or enjoy the grandchildren before it’s too late. And the academic literature clearly shows that the age at which people exit the labor force is related to how long they expect to live.

Building on this research, a new study nails down how we arrive at our personal estimates of our life expectancy and provides new insight into the critical retirement decision.

Using data for individuals between the ages of 50 and 61, economists Matt Rutledge and April Yanyuan Wu with the Center for Retirement Research (CRR) and Boston Col-

Khan confirmed that individuals estimate their own life expectancy based in part on how long their parents lived. (Full disclosure: the CRR supports this blog.)

They went on to link this “subjective life expectancy” with when older workers plan to retire, as well as when they actually do retire.

Men, for example, think they have about a 7 out of 10 chance, on average, of living to age 75 – based on their parents’ experience – and so they make their plans to retire at 64. But men who think that they have half those odds of making it to 75 will plan to retire about four months earlier than their peers. Subjective life expectancy also influences women’s plans, and the magnitude of the impact is similar to men.

And should the sudden death of a parent cause longevity expectation to worsen, individuals reduce their planned retirement ages, the researchers found.

It could be a mistake, however, to assume we'll be like our parents. Life expectancy has risen rapidly in recent decades, so people are living much longer. Consider a 65-year-old man today. He can expect to live to age 84, or about four years longer than men at that age could've expected to live three decades ago – in other words, the men of his father's generation.

It makes financial sense for many older workers to stay in the labor force, so they can increase their monthly Social Security benefits and add to their retirement savings. But doing the right thing financially can be obscured by perceptions about life and death.

February 27, 2014, Center for Retirement Research, Boston College.

WHY SOME RETIRE, OTHERS PERSEVERE

When older workers are weighing whether to retire or carry on for a few more years, it's unsurprising that the characteristics of their jobs are a big consideration:

- Higher pay keeps workers in the labor force longer.
- Workers who feel discriminated against are often the first to retire.

But personality also matters, says a team of researchers from the University of Southern California (USC) and the RAND Corporation who analyzed data from the Health and Retirement Study, an on-going survey of age 50-plus U.S. households.

Consider two types of personalities – highly active and engaged,

Looking for a back issue of an ENH newsletter?

Check our website:
www.engagingnh.org

and passive and reserved. The researchers found that higher wages are effective in persuading more passive people to continue working. But monetary rewards are, for highly active workers “a less important driving factor for the decision to remain in full-time employment,” said Marco Angrisani, one of the study's co-authors from USC's Center for Economic and Social Research. Active workers will continue to work, simply because they like it or feel compelled to keep busy.

And this effect is large, the researchers said. For average passive workers to have the same probability of remaining in full-time employment as their active counterparts, they would need to be paid \$7 more per hour.

Next, take discrimination in the workplace. Previous research had shown that older workers who feel discriminated against tend to throw in the towel and retire earlier. But the new study found this is mainly true for people who are not “conscientious” – those who lack a strong work ethic or an ability to delay gratification.

Conscientious workers are much less sensitive to perceived discrimination and more likely to remain in their jobs.

The researchers conclude that personality is central to decisions about retirement. It can be the glue that keeps workers on the job or a factor that allows job characteristics to have a much greater effect on when workers exit the labor force.

Jan 16, 2014, Center for Retirement Research, Boston College. The research cited in this post was funded by a grant from the U.S. Social Security Administration (SSA) through the Retirement Research Consortium.

Laugh & Live Longer

MY FAVORITE ANIMAL

Our teacher asked what my favorite animal was, and I said, "Fried chicken." She said I wasn't funny, but she couldn't have been right, because everyone else laughed.

My parents told me to always tell the truth. I did. Fried chicken is my favorite animal. I told my dad what happened, and he said my teacher was probably a member of PETA. He said they love animals very much.

I do, too. Especially chicken, pork and beef. Anyway, my teacher sent me to the principal's office. I told him what happened, and he

laughed, too. Then he told me not to do it again.

The next day in class my teacher asked me what my favorite live animal was.

I told her it was chicken. She asked me why, so I told her it was because you could make them into fried chicken.

She sent me back to the principal's office. He laughed, and told me not to do it again.

I don't understand. My parents taught me to be honest, but my teacher doesn't like it when I am.

Today, my teacher asked me to tell her what famous person I admired most. I told her, "Colonel Sanders."

Guess where the Hell I am now...

MORE CHICKEN JOKES

Farm Stand Sign on eggs: "Boneless Chicken \$.35 each"

HOLY HUMOR

A minister parked his car in a no-parking zone in a large city because he was short of time and couldn't find a space with a meter.

Then he put a note under the windshield wiper that read: "I have circled the block 10 times. If I don't park here, I'll miss my appointment. Forgive us our trespasses."

When he returned, he found a citation from a police officer along with this note "I've circled this block for 10 years. If I don't give you a ticket I'll lose my job. Lead us not into temptation."

SUCCESS

The minister was preoccupied with thoughts of how he was going to ask the congregation to come up with more money than they were expecting for repairs to the church building. Therefore, he was annoyed to find that the regular organist was sick and a substitute had been brought in at the last minute. The substitute wanted to know what to play.

"Here's a copy of the service," he said impatiently. "But, you'll have to think of something to play after I make the announcement about the finances."

During the service, the minister paused and said, "Brothers and Sisters, we are in great difficulty; the roof repairs cost twice as much as we expected and we need \$4,000 more. Any of you who can pledge \$100 or more, please stand up."

At that moment, the substitute organist played "The Star Spangled Banner."

And that is how the substitute became the regular organist!

(RSVP) is a nationwide volunteer program that matches volunteers, based on life experience and skills, to answer the call of community and neighbor needs. Pat has been a volunteer with RSVP for 11 years and has over 4,500 volunteer hours with several stations that serve the community and our elder population.

She volunteers at the local American Red Cross Blood drives; always making them feel appreciated, thanking the donors for their donation and reminding them of the next drive. Pat also volunteers at Androscoggin Valley Hospital performing a host of office duties in the Professional Services Department.

She helps at the annual Community Thanksgiving Dinner, established to feed the body and provide some social interaction to those who cannot prepare a meal for themselves and are isolated due to many reasons. She serves these folks and she engages them in conversation as families do around their own Thanksgiving Holiday tables. Pat is part of a caring group of people on that day and every day that she goes out to volunteer. Her assistance in the food delivery volunteer roles continues at the Dummer and Gorham Meal Sites as she readily accepts whatever task she is assigned.

Some of Pat's most impactful volunteering has been with the RSVP One to One and Handy Helpers Programs. As a One to One Volunteer she has done friendly visitations and taken clients to medical appointments. Her role as a

Purposeful Living

Patricia Riley is described as having admirable spunk and a "let's get it done" kind of volunteer. (Retired Senior Volunteer Program



Patricia Riley

Handy Helper has included cooking, canning, translating paperwork, making phone calls, running errands, doing groceries, gardening, and even ground hog trapping and removal. Specifically, she was instrumental in improving the lives of an elderly immigrant couple in a difficult situation; the husband had the onset of dementia and the wife did not speak or understand much English. In addition they lived remotely and due to his illness he couldn't drive and she didn't know how. You can imagine the number of hurdles this couple

faced but with her patient and kind ways Pat went to work helping them by performing many needed tasks. She also helped this couple repair their pellet stove, taught the wife some English, helped her navigate the citizenship requirements and when the time came assisted them with packing and moving. Without Pat's help it's hard to imagine how this couple would have managed the many hurdles they faced.

Station Supervisors appreciate her abilities of learning quickly and spotting needs to attend to without much direction. Her dedication and compassion for the people she helps is inspiring. We are pleased to nominate Patricia, a truly deserving individual, to recognize her many contributions and to let her know how much she is appreciated.

Board Notes

EYES WIDE OPEN

The leaf peepers are here, with eyes wide open at the beauty and splendor of fall in NH. Lucky them—tourists, for the moment, can escape campaign fatigue! You know, that endless bombarding of expensive, slick, usually negative appeals for your vote leading to severe cases of eye rolling.

Eye rolls: they are a reaction. We all react first; it's natural. But generally, we step into our mature practicality and respond in the most constructive way we can.

Wouldn't you consider:

- Involving an accountant to assist with an IRS Audit?
- Hiring an attorney in the face of a law suit?
- Asking a family member or friend to attend a meeting to discuss a complicated medical condition?

In our personal life, we readily accept the importance of having good representation in significant matters. Well that is, until it is time to vote in midterm elections.

Isn't it interesting that, in general, we Americans ignore the fact that the critical policy decisions affecting us for generations aren't important enough to take our political representation seriously? That is what happens when you sit out the midterm voting. It's really so odd.

And how did we get to this point? We Americans, the government of, for and by the people? We respond to pollsters proclaiming our

dissatisfaction, but do we take steps to make a change?

Jane Goodall once said,

“The Greatest Danger to Our Future Is Apathy.”

She may be right—it depends on us. **We cannot urge you enough to start thinking now about the upcoming elections in November—how you will vote and how you will get to the polls.**

If transportation is not an issue for you, consider offering a ride to someone who needs one. If transportation is an issue, begin now to identify options. Many organizations such as churches and senior centers have programs to get out the vote.

And don't forget the candidates—call a local campaign office and see what rides they are offering. Or, the next time a supporter calls asking for your vote, ask about getting to the polls if you need assistance.

Let's go into this midterm election with eyes wide open. Vote for the representation you think supports your best interests. And let's work together to ensure that the number of voters is higher than the number of candidates running!