



A Citizen Voice for the
Aging Experience

October 2015
Volume 9, Issue 10

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ENGAGING NH NEWS

GUEST OPINION:

I'm too Old for This

by Dominique Browning

There is a lot that is annoying, and even terrible, about aging: The creakiness of the body; the drifting of the memory; the reprising of personal history ad nauseam, with only yourself to listen.

But there is also something profoundly liberating about aging: an attitude, one that comes hard won. Only when you hit 60 can you begin to say, with great aplomb: "I'm too old for this."

This line is about to become my personal mantra. I have been rehearsing it vigorously, amazed at how amply I now shrug off annoyances that once would have knocked me off my perch.

A younger woman advised me that "old" may be the wrong word that I should consider I'm too *wise* for this, or too *smart*. But old is the word I want. I've earned it.

And let's just start with being an older woman, shall we? Let others feel bad about their chicken wings — and their bottoms, their necks and their multitude of creases and wrinkles. I'm too old for this. I spent years, starting before I was a teenager, feeling insecure about my looks.

No feature was spared. My hairline: Why did I have to have a widow's peak, at 10? My toes: too short. My entire body: too fat, and once, even, in the depths of heartbreak, much too thin. Nothing felt right. Well, O.K., I appreciated my ankles. But that's about it.

There is also something profoundly liberating about aging

What torture we inflict upon ourselves. If we don't whip ourselves into loathing, then mean girls, hidden like trolls under every one of life's bridges, will do it for us.

Even the vogue for strange-looking models is little comfort; those women look perfectly, beautifully strange, in a way that no one else does. Otherwise we would all be modeling.

One day recently I emptied out an old trunk. It had been locked for years; I had lost the key and forgotten what was in there. But, curiosity getting the best of me on a rainy afternoon, I managed to pry it open with a screwdriver.

It was full of photographs. There I was, ages 4 to 40. And I saw for the first time

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WHO ARE WE?

EngAGING NH is an all-volunteer not-for-profit organization registered with the State of NH. We work to support and promote activities, policies, planning and values that respect and include ALL older adults.

that even when I was in the depths of despair about my looks, I had been beautiful.

And there were all my friends; girls and women with whom I had commiserated countless times about hair, weight, all of it, doling out sympathy and praise, just as I expected it heaped upon me: beautiful, too. We were, we are, all beautiful. Just like our mothers told us, or should have. (Ahem.)

Those smiles, radiant with youth, twinkled out of the past, reminding me of the smiles I know today, radiant with strength.

Young(er) women, take this to heart: Why waste time and energy on insecurity? I have no doubt that when I'm 80 I'll look at pictures of myself when I was 60 and think how young I was then, how filled with joy and beauty.

I'm happy to have a body that is healthy, that gets me where I want to go, that maybe sags and complains, but hangs in there. So maybe I'm too old for skintight jeans, too old for six-inch stilettos,

too old for tattoos and too old for green hair.

Weight gain? Simply move to the looser end of the wardrobe, and stop hanging with Ben and Jerry. No big deal. Nothing to lose sleep over. Anyway, I'm too old for sleep, or so it seems most nights.

Which leaves me a bit cranky in the daytime, so it is a good thing I can now work from home. Office politics? Sexism? I've seen it all. Watching men make more money, doing less work. Reading the tea leaves as positions shuffle, listening to the kowtow and mumble of stifled resentment.

I want to tell my younger colleagues that it doesn't matter. Except the sexism, which, like poison ivy, is deep-rooted: You weed the rampant stuff, but it pops up again.

What matters most is the work. Does it give you pleasure, or hope? Does it sustain your soul? My work as a climate activist is the hardest and most fascinating I've ever done. I'm too old for the

dark forces, for hopelessness and despair. If everyone just kept their eyes on the ball, and followed through each swing, we'd all be more productive, and not just on the golf course.

The key to life is resilience, and I'm old enough to make such a bald statement. We will always be knocked down. It's the getting up that counts. By the time you reach upper middle age, you have started over, and over again.

And, I might add, resilience is the key to feeling 15 again. Which is actually how I feel most of the time.

But I am too old to try to change people. By now I've learned, the very hard way, that what you see in someone at the beginning is what you get forevermore. Most of us are receptive to a bit of behavior modification. But through decades of listening to people complain about marriages or lovers, I hear the same refrains.

I have come to realize that there is comfort in the predictability, even the ritualization, of relationship problems. They become a dance step; each partner can twirl through familiar moves, and do-si-do until the music stops.

Toxic people? Sour, spoiled people? I'm simply walking away; I have little fight left in me. It's easier all around to accept that friendships have ebbs and flows, and indeed, there's something quite beautiful about the organic nature of love.

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

I used to think that one didn't make friends as one got older, but I've learned that the opposite happens. Sometimes, unaccountably, a new person walks into your life, and you find you are never too old to love again. And again. (See resilience.)

One is never too old for desire. Having entered the twilight of my dating years, I can tell you it is much easier to navigate the Scylla and Charybdis of anticipation and disappointment when you've had plenty of experience with the shoals and eddies of shallow wa-

ters. Emphasis on shallow. By now, we know deep.

Take a pass on bad manners, on thoughtlessness, on unreliability, on carelessness and on all the other ways people distinguish themselves as unappealing specimens. Take a pass on your own unappealing behavior, too: the pining, yearning, longing and otherwise frittering away of valuable brainwaves that could be spent on Sudoku, or at least a jigsaw puzzle, if not that Beethoven sonata you loved so well in college.

My new mantra is liberating. At least once a week I encounter a situation that in the old (young) days would have knocked me to my knees or otherwise spun my life off center.

Now I can spot trouble 10 feet away (believe me, this is a big improvement), and I can say to myself: Too old for this. I spare myself a great deal of suffering, and as we all know, there is plenty of that to be had without looking for more.

If there can be such a thing as a best-selling app like Yo, which satisfies so many urges to boldly announce ourselves, I want one called 2old4this. A signature kiss-off to all that was once vexatious. A goodbye to all that has done nothing but hold us back. That would be an app worth having. But, thankfully, I'm too old to need such a thing.

Dominique Browning is the senior director of Moms Clean Air Force. She blogs at slowlovelife.com.

NH Updates

NH CHANGES

The New Hampshire Department of Health and Services this week announced the implementation of a "realignment" of the Bureau of Elderly and Adult Services (BEAS). The "realignment" moves away from a centralized model organized around population—elders and adult with disabilities—and moves toward an operation based on functions.

BEAS, formerly the Division of Elderly and Adult Services, has traditionally been responsible for the programs and supports for older and adults living with disabilities, particularly those who are most who are vulnerable. Their services included Adult Protective Services dealing with abuse, neglect and exploitation; funding supportive community services such as congregate meals, meals on wheels, homemaker and chore services; and determining an individual's medical eligibility for nursing home care and the alternative home and community based care program, Choices for Independence.

Under realignment, following departmental locations will house the program functions handled by the former BEAS:

Strategy

- Human Services Unit: the Adult Protective Services and Field Operations Programs; the Community Service and Policy Development Program; the Veterans Program.

- LTSS (Long Term Services and Supports) Unit: Choices for Independence; the MFP (Medicare Fraud Prevention) Program

Finance

- Finance and Rate Setting

Legal and Regulatory

- Legal and Guardianship Programs
- Ombudsman Program

Intake, Assessment and Eligibility

- Long Term Care Program

IT

- IT (Information Technology)

Quality

- Clinical Services Quality Programs

It should also be noted that in prior the State Committee on Aging was attached to BEAS. Statutorily, it is advisory to the Commissioner of HHS. DHHS did not include information regarding this role or how SCOA will be supported under the new realignment.

PUBLIC HEARINGS SET FOR 10 YEAR TRANSPORTATION PLAN (2017-2026)

16 Sessions Planned Across New

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

Hampshire for Public Input

The New Hampshire Department of Transportation (NHDOT) announces a total of 16 Public Hearings have been scheduled across the State to review and receive input on transportation projects and priorities included in the draft 2017-2026 Ten Year Transportation Improvement Plan.

The draft plan is being recommended by the NHDOT to the Governor's Advisory Council on Intermodal Transportation (GACIT), which is composed of the five Executive Councilors and the NHDOT Commissioner.

Those not able to attend the hearings can submit written testimony within 10 days of the completion of the public sessions (No later than November 5, 2015 at 4 PM). Written Comments should be addressed to: William Watson, Bureau of Planning and Community Assistance, New Hampshire Department of Transportation, John O. Morton Building, 7 Hazen Drive, P.O. Box 483, Concord, NH 03302-0483.

Any individuals needing assistance or auxiliary communication equipment due to sensory impairment or other disability, should contact Sharon Allaire, (603) 271-3344, NHDOT, P.O. Box 483, Concord, NH. 03302-0483 - TDD access: Relay NH 1-800-735-2964.

For more information, visit <http://www.nh.gov/dot/media/nr2015/nr-2015-09-01-transportation-plan.htm>

From Our Readers

Fabulous job - so much work but nicely done. My cousins were all very interested in the article on falling, which I had surmised, as one is having surgery today. She fell over the dog the newsletter was much appreciated by all.

Kitty S

I AM A SEENAGER (Senior teenager)

I have everything that I wanted as a teenager, only 65 years later.

I don't have to go to school or work.

I get an allowance (pensions).

I have my own pad.

I don't have a curfew.

I have a driver's license and my own car.

I have ID that gets me into bars and the liquor store.

The people I hang around with are not scared of getting pregnant.

And I don't have acne.

Life is great.

Diane H.

TINY PRINT IN FAIRPOINT PHONE BOOK

In the Keene/Peterborough area, we recently received the Fairpoint telephone book. Old fashioned phone books are rarely used today, except by seniors. I have attached a full-size scanned page from the white pages which show that the print is so ridiculously small as to be virtually unusable by many/most seniors. We are al-

ready getting complaints from our senior members about this - it is grossly disrespectful of seniors.

I do not know whether this book is distributed in other parts of NH but if it is, perhaps we are not alone in our disgust. Have you seen or heard about this Fairpoint insensitivity?

Russ Armstrong

WHO'S ON MEDICARE

The Kaiser Family Foundation (KFF) recently released updated data on the income and assets of Medicare beneficiaries. In 2014, half of all people with Medicare had annual incomes less than \$24,150, and 25 percent had annual incomes below \$14,350.

KFF also looks 15 years out and projects incomes for the Medicare population to be only slightly higher in 2030. Half of all beneficiaries are expected to have annual incomes below \$28,150 and 25 percent are expected to have incomes below \$16,200 per year.

<http://kff.org/medicare/issue-brief/income-and-assets-of-medicare-beneficiaries-2014-2030/>

FEDERAL DEFICIT MISCONCEPTIONS

In a recent post on Fortune.com, Henry Aaron of the Brookings Institution, speaks to the misconception that the Social Security and Medicare Hospital Insurance trust funds add to the public debt. According to Aaron, the Congressional Budget Office (CBO) regularly calculates a significant increase in the national deficit, and in turn the national debt, resulting

from these trust funds eventually running deficits, or spending money they do not have. However, it is not legal for the Social Security and Medicare Hospital Insurance trust funds to run deficits.

CBO calculates deficit projections in this way because they are required by Congress to do so.

When you calculate budget projections without assuming deficits in the Social Security and Medicare Health Insurance trust funds, the national debt compared with gross domestic product would actually decrease, not increase.

<http://fortune.com/2015/09/10/the-myth-behind-americas-deficit/>

News You Can Use

ENROLLMENT SEASON STARTS

Medicare enrollment period begins October 15 and runs through December 7. During this period anyone can change their health and prescription drug plans. It's always good to review the plans and know your options because things change from year to year.

Beginning on October 15, the plan information for 2014 will become available for comparison. The NH ServiceLink Resource Centers can help 1-800-634-9412. But call early as call volume increases quickly.

MEDICARE REMINDER

If you qualify for Medicare-covered home health care, your Medicare home health care benefit will include the following services, if necessary:

- A limited amount of skilled nursing services and home health services, such as injections (and teaching patients to self-inject), tube feedings, catheter changes, and wound care.
- A limited amount of home health aide care if you also require skilled services. A home health aide provides personal care services including help with bathing, using the toilet, and dressing.
- Physical, speech and occupational therapy services
- Medical social services to help you with social and emotional concerns you have related to your illness.
- Certain medical supplies
- Durable medical equipment

[Click here to learn more about services covered under the Medicare home health care benefit on Medicare Interactive.](#)

[Click here to learn more about how to qualify for Medicare-covered home health care on Medicare Interactive.](#)

BEWARE OF WINTER BEFORE IT COMES

It's probably still hot where you live, but this is a perfect time to get ready for winter. The colder it gets where you live, the more important it is to be ready for it. Look on websites or in stores for personal-size quilts or fleecy throws on sale. Buy a few, if you can. These small blankets can be lifesavers when cold weather arrives. Use one as an additional

layer on the bed, or wrap up in one when you watch TV at night.

In the grocery aisles, keep an eye out for items to stock up on to save trips to the store in cold weather. Canned fruits, vegetables, soups and stews, packaged pasta, jar spaghetti sauce and more are handy to keep on the shelf.

Put flashlight batteries on your list. Add unscented kitty litter for icy walks. If you drink bottled water or need distilled water for indoor humidifiers, bring home a few each time you shop.

If you have a vehicle, make an appointment to get the battery checked, as well as your tires, antifreeze level and windshield wipers.

Try on last year's coat and boots, plus gloves and hat. Will they see you through another winter? If not, keep an eye out for sales.

If you're in snow country, decide if this is the year that you won't shovel anymore and make calls to arrange for someone else to be on call this winter. Middle- and high-school kids are great for this; if it really snows, they likely won't be in school.

By the time the temperatures drop to freezing or the first snow falls, you'll be ready.

Matilda Charles King, How to Retire Single Without Being Isolated

5 TIPS FOR THE UNMARRIED ON FORGING NEW CONNECTIONS AFTER WORK

How to Contact Your State Committee on Aging Representatives

County	Name	Email
Belknap	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
	Russ Armstrong	equlzr@gmail.com
Merrimack	Herb Johnson	clairhonda@msn.com
Rockingham	Sheila King	bbwic@metrocast.net
Strafford	Candace Cole-McCrea	snowyowl@metrocast.net
Sullivan	Larry Flint	wrecman@comcast.net
<i>State Reps & Senators</i>		
Cheshire	Rep. Susan Emerson	semerson435@aol.com
Cheshire	Sen. Molly Kelly	molly.kelly@leg.state.nh.us

Retired couples can encourage each other to do new things, go new places and meet new people. Retired single people must make those efforts on their own.

“In a world that seems organized for couples, if you don't think about how to construct a social life after retirement, you could end up sitting on your couch,” said Carol, 66, a widow in Berkeley, Calif.

We asked single retirees about the challenges of retirement and what advice they have for others to help make the most of this new beginning. They came up with five smart suggestions:

1. Make a List of Goals

Before Carol left her job in 2013 as CEO of a private nonprofit educational research organization, she assessed her situation in the following areas:

- financial status
- physical health
- intellectual needs
- spiritual needs
- relationships
- community

“Everyone's first concern is money, but community is a big thing,” Carol said. “After you leave work

— where you're connected over a common goal — you don't have a ready-made community. I thought about what resources I did have and what would bring me joy, and I made a list of goals."

First, Carol moved from Portland, Ore., to be closer to her family. Then, she began building a network of friends. Today she takes photography classes, participates in two photo clubs, works with The League of Women Voters and looks for opportunities for group travel.

"My biggest fear — loneliness — was unfounded," Carol said. "I'm not lonely."

2. Know That 'It's All OK'

Maxine, who is divorced, had not planned to retire at 62, but when she got an offer to buy the four nursing homes she owned in the Midwest, she took it. That was nine years ago.

"When you've been in a position of authority, it's hard to leave. If you're not in the game anymore, what is your game?" said Maxine.

"I had pictured retirement as freedom from responsibility, and I looked forward to that," Maxine said. "But when you've been in a position of authority, it's hard to leave. If you're not in the game anymore, what *is* your game?"

Maxine turned to her longtime interests to fill her days. She became certified as a Master Gardener. A past president of the Missouri Mycological Society, she wrote a book on mushrooms for the Missouri Department of Conservation.

And she gave public talks about the book.

Out of the limelight now, Maxine's pace has changed. "I don't need a lot of projects, but if you're a go-getter, that's OK. It's also OK to spend days at home, reading. It's all OK," Maxine said. "It's tough being retired. You have to choose between fun and fun."

Maxine said she has eased into a nice rhythm, going to the gym every day, traveling with family and taking walks in the woods. "You have to create a life for yourself, get out and find like-minded people," she said. "I don't have a need for a partner; my life is full. And if I want popcorn for supper, I can have it."

3. Regard Challenges as 'Part of the Fun'

After decades on the job, Laura, 62, wants to watch birds in southwestern Mexico — and she is making that happen.

Laura retired in 2014 from a career in art conservation at several museums and as a consultant. Recently, she moved to Oaxaca. "I love Mexico and have visited over the years, and I wanted to try living here," Laura said.

Never married, Laura noted the decision to move to Mexico was easy. "I sold my house and car and most of my furniture, and came down here with two suitcases," Laura said. "There is a nice group of expats and lots to do, but you do have to put yourself out there and get engaged in something in order to meet people."

Raise Your Voice!

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

engagingnh@gmail.com

Laura volunteers at the local library. She plans to take Spanish classes, do some bird watching in the mountains and travel in Mexico and Central and South America.

So far, her bold move has lived up to her expectations in every way. "I'm learning new customs and a new language," she said, "and the challenges are part of the fun."

4. Admit That Time Is Not on Our Side

George, 66, spent his entire career in one place — until the day eight years ago he decided to retire.

"The decision to leave my job as assistant director of a large county library system was a quick one, and I hadn't thought a lot about retirement," George said. "When I did think about it, I imagined my life would not change much. I have lived by myself since 1973 and the idea of a lot more time at home was not frightening."

What has changed is that George does not spend all his time at home in St. Louis, Mo. For eight years, he has enjoyed a long-distance relationship with a man in another city. "Being retired means I am free to travel often, to spend time with Nathan," he said.

At home, George sings in his church choir, serves on the board member of the St. Louis Chamber Chorus, plays bridge, takes part in a writing group and spends time with family. He also volunteers as part of a special project at The Muny, an outdoor theater nearing its 100th anniversary.

George stays active for two important reasons. “I know people — especially men — who withered away after they left work,” he said. “If leaving your job is going to leave a huge hole in your life, start filling it before you retire.”

Another motivating factor is the passage of time. “I realize every day I am on the downhill slope, well past the halfway mark of my life,” George said. “Now I choose to be happy. There is no point in being regretful about the past.”

5. ‘Find Something You Like to Do’

Jeanette, 59, retired five years ago from teaching middle school. A widow, she spends part of her time substitute teaching and part of her time enjoying old friends and making new friends, especially people who like to walk, hike or bike.

“When all my body parts are working, I want to be outside, be active,” Jeanette said. “I’ve never been a sit-on-the-couch person, so I’ll go to an art exhibit or concert, and if someone else asks me to go somewhere, I go.”

She also devotes time to friends in need. “When I had surgery, so many people looked in on me and now I can do that for others,” she said. “As we age, people have

doctor appointments, and someone needs to take them or maybe drop off some lunch.”

Jeanette also recommends volunteering, even once a week. “Read to little kids, work at the food pantry. Do something for somebody else. I was raised this way — this is what people do,” she said.

“Just find something you like to do, and find a way to do it. It’s survival.”

Patricia Corrigan, 8/3/15

TIPS FOR ENGAGING THE CANDIDATES

It’s that time in NH, and we have a full spectrum of choice in both parties. How do you get the attention of candidates so they pay attention to the issue that concerns you most? Try these tips:

- Appeal to the candidate’s heart, head and mind.
- Establish relationships with the campaign staffers. Meet with staff to share your story, ask to be included on mailing lists and attend events.
- Rehearse your personal story that ties you to the issue.
- Have materials on hand to give to the candidate or his/her staff.
- Specify you are a voter; be brief, clear and assertive.
- Follow up on social media. Ex. Thank a candidate for their time with a post on their Facebook page.

David Lusk

Health & Wellness

HELP OTHERS TO HELP YOUR HEALTH

Our basic premise is: Your body is amazing. You get a do-over; it doesn’t take that long, and isn’t that hard if you know what to do.

For some, happiness is a bottle of wine shared with your romantic interest. For others, happiness is a silent walk on the beach in a light rain. Whatever your particular definition of happiness may be, we believe that one major factor could be that you believe you make a difference.

Almost every study of longevity indicates one secret that makes people healthier and happier: helping others. Some research shows a 60 percent decrease in mortality figures among those who help others; they’re aided by what’s called the “helper’s high.” Specifically, it’s the dignity, the joy, the passion and the purpose of helping others that have these beneficial effects, whether you’re helping another person quit smoking, building a home for a family in need or mentoring a child at school.

People who donate money are happier than people with the same amount of money who don’t donate to others. Helping others inspires gratitude for what life has given you, and this is what really turbo-charges your happiness and helps you define your own purpose in life. After all, the real secret may be realizing that true peace isn’t about being happy,

giddy and feeling as if you're charged up on caffeine all the time. It's about slowing down enough to realize that you have a lot of gifts—gifts that you should be passing along to others.

We wear scrubs, not collars. We deliver medicine, not sermons. And our specialty is biology, not theology. So we're not going to stand at a pulpit and try to deliver Ten Commandments for moral living. However, to dismiss the very distinct link between looking, feeling and being a beautiful being would be a great mistake. So we are going to stand here and offer our prescription for doing the right thing, making a difference and finding a happier you. So try these tips to make a difference.

Give, then pass. There are few feelings in the world that surpass knowing you've helped someone—whether it's through a financial donation or a mentoring program, or giving up your seat on a crowded bus. It feels good—and is good. So good, in fact, that some researchers have found that the effect of giving, of altruism small and big, is similar to the so-called runner's high (the rush of endorphins). But unlike exercise euphoria, this rush can last a long time. The evidence: 90 percent of people who experience this high give their health condition a better grade than those who don't.

The reason? It seems that charity might really start at home. Your thoughts about helping others help you. These thoughts seem to be able to do things in your body that strengthen your immune system, boost positive emotions, decrease

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
- 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

Other Groups we work with:

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

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pain and provide stress relief. Separate studies show that charitable heart attack patients recover faster than those who aren't, and those who do volunteer work have death rates 60 percent lower than those who don't. But here's the catch: When you give something to somebody, we want you to find a way to allow that person to have the dignity of passing it along to someone else. Though people very often need help, they also don't want to feel like charity cases. They want to feel that they can also pass something along to others. This also makes giving more attractive, since you are really priming the pump of a chain reaction that will help many more people than the one group you targeted with your kindness. So be explicit in your giving and ask how the recipient will pass it forward. Try to pick situations where this expectation is clear.

Pass the passion. While many people think they should give to charity or do something to give back, that's not the only concept that's important. It's not the obligation to give back but the privilege of doing something bigger than yourself. You don't have to donate money, just time and passion. You don't have an obligation to society to find a bigger purpose—you have an obligation to your own health and happiness. And the more you value what you are doing with your mind, the more you'll do healthier things with your body. Show gratitude. Any parent raising a child knows how much time is spent teaching that child some manners. Say thank you when someone gives

you a present. Say thank you when somebody holds the door. Say thank you when the server notices you left your child's favorite toy under the booth and rushes out of the restaurant to give it to you.

As adults, it's important that we take that thank you to the next level. Try practicing your gratitude on a regular basis, going so far as to send handwritten thank you notes from time to time. You'll reap rewards even as you give gratitude to others. Some research shows that 15 minutes of daily gratitude can dramatically decrease stress hormones in your body.

So take some time this week to give back, and see how much healthier you begin to feel.

Drs Oz & Roizen, 8/8/10

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.

A Spoonful of Sugar ...

May help some medicine go down, but what do you do with a very large gelcap you have to take without food?

I suffer from "dry mouth" and, I presume, by extension, a dry, sticky esophagus. Gelcaps get stuck in my throat or esophagus on a routine basis. Some of them are very uncomfortable and cause heartburn. Of course, the logical thing to do is follow the gelcap with moist food. But, when you cannot do that, I found a way to help the dreaded pill go down.

First, sip some water, swishing it in your mouth prior to swallowing. Take several more small sips and swallows. Then, place the gelcap on your tongue, take a large sip, and swirl the gelcap around for as long as you can bear the sensation before swallowing. The water moistens the gelcap and makes it less sticky for its journey down the pre-moistened esophagus. Then follow it up with larger gulps. It works for me.

MS

RETIREMENT IS GOOD FOR YOU

Retirees take more exercise, sleep longer and need to see their doctor less often than before they left work a German research finds. Retired people are using their leisure time to become healthier than when they were working, research suggests.

A study presented at the annual congress of the European Economic Association in Mannheim, Germany, provides a corrective to

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the conventional view that retirement is the first stage in a person's declining health. After studying data on German retirees, drawn from the country's Socio-Economic Panel Study, Peter Eibich, an economist at the Health Economics Research Centre at Oxford, concluded that retirement improves people's health because they take more exercise, sleep longer and have more time to recover from work-related strain.

According to his research, which covers 1994 to 2012, retired people:

- Are more likely to rate their physical and mental health as satisfactory or better than are working people.
- Visit their doctor less, often by about one visit per three months.
- Get an extra 40 minutes of sleep a day.
- Are 10% more likely to take frequent exercise.

The benefits were found to be even more significant for people whose jobs had been physically demanding. Overall, the research found that retirees pursue a more active lifestyle, Eibich said. While they spend about an hour longer on their hobbies, they also spend more time on repairs, gardening,

running errands and caring for grandchildren.

"My study shows older people will use leisure time to pursue an active lifestyle and improve their health," added Eibich, who suggested his findings had important implications for how people should view retirement. "This suggests incentives such as part-time work or partial retirement programs might be effective in maintaining the health of older workers."

Part-time work or partial retirement programs might prove effective in maintaining the health of older workers.

Eibich's work examined two cohorts of retirees. According to his data, about 19% of workers retire shortly after turning 60 – the earliest retirement age – while 13% retire after their 65th birthday, the official retirement age until 2012. Comparing individuals slightly below with individuals slightly above these age thresholds makes it possible to gauge the impact of retirement.

Improvements brought about by retirees changing their behavior often brought attendant benefits, Eibich suggested. For example, retirement reduces the probability of smoking by about 6% and increases the probability of frequent exercise by 11%. Moreover,

Eibich argues that, given that older workers sleep for fewer than seven hours, the extra 40 minutes' sleep a night retirees get may partly account for the improvement in their mental health.

FALLS AND VITAMIN D

Every year, falls affect approximately one in three older adults living at home, with approximately one in 10 falls resulting in serious injury. Even if an injury does not occur, the fear of falling can lead to reduced activity and a loss of independence.

Research has shown that **vitamin D** plays a key role in maintaining muscle integrity and strength and some studies suggest **vitamin D** may reduce the risk of falls. Homebound elderly, a generally vulnerable population due to poor dietary intake and nutrition-related health conditions as well as decreased exposure to sunlight, are at increased risk for low vitamin D levels, possibly leading to more falls.

Researchers at Wake Forest Baptist Medical Center set out to evaluate the feasibility of delivering a vitamin D supplement through a Meals-on-Wheels (MOW) program to improve the clients' vitamin D levels and reduce falls. The study is published in the early online edition of the *Journal of the American Geriatrics Society*.

"Falls in homebound older people often lead to disability and placement in a nursing home," said Denise Houston, Ph.D., R.D., associate professor of gerontology and geriatric medicine at Wake Forest Baptist and lead author of

the study. “One of our aging center’s goals is to help people maintain their independence and live safely at home for as long as possible.”

Participants in the Meals-on-Wheels program in Forsyth County, North Carolina, were recruited to take part in a five-month, single-blind randomized trial. Sixty-eight study participants received either a monthly vitamin D supplement of 100,000 international units or placebo delivered with their MOW meal. The study included the participants’ history of falls and their fear of falling, blood tests at the beginning and at end of the trial to measure 25-hydroxyvitamin D (biomarker for vitamin D in blood), and a monthly diary recording falls during the trial period.

At the beginning of this pilot study, the research team found that more than half of the participants had insufficient concentrations of vitamin D in the blood (less than 20 ng/ml), while less than a quarter had concentrations in the optimal range (30 ng/ml or more). The study showed that the monthly vitamin D supplement was effective in increasing the concentrations of vitamin D in the blood from insufficient to sufficient levels in all but one of the 34 people who received it, and to optimal levels in all but five people. In addition, people in the vitamin D group reported approximately half the falls of those in the control group.

“Although these initial findings are encouraging, we need to confirm the results in a larger trial,”



Houston said. The Wake Forest Baptist team currently is conducting a clinical trial to try to determine how vitamin D affects risk factors for falls such as balance and muscle strength and power.

<http://www.medicalnewstoday.com/releases/298288.php>

HOW MUCH FORGETFULNESS IS NORMAL?

Ways to differentiate a normal aging brain from dementia

Do you forget where you put your keys? Are you confounded when you see your neighbor’s youngest son and can’t remember his name? And where are your reading glasses? How much forgetfulness is normal — and when should you be concerned?

Becoming more forgetful is a natural part of aging, experts agree. “Our brains age just like the rest of our bodies,” says Dr. Gary Small, director of the UCLA Longevity Center and co-author with Gigi Vorgan of *Two Weeks to a Younger Brain*. “One of the manifestations of brain age is forgetfulness. It’s a common experience. We joke about it all the time. The concern behind all the humor is that these changes may be the first sign of something more serious.

How do you differentiate the normal from dementia?”

Unfortunately, there’s no easy answer to that question, says Dr. Richard C. Senelick, a neurologist and medical director of Health South in San Antonio, Texas. One reason we forget is that we haven’t given the information meaning. “If something’s meaningful, it’s memorable,” said Dr. Gary Small.

Unlike various types of cancer for which there are screening tests and then courses of treatment, dementia and Alzheimer’s disease cannot be screened. And even if they are discovered, there is no treatment that can reverse their course. Senelick says most of us will experience memory loss as a natural course of getting older.

“One of the first things to go is the speed of information processing. Your ability to quickly read, understand and process information slows, as does your ability to handle more than one task at a time,” he says. “And of course, you will find yourself grasping for words every now and then. But more worrisome is a major change in your ability to function in the world.”

Small agrees. “If you forget where you placed your keys, that’s normal,” he says. “If you forget how to use your keys, that’s a problem. You may once in a while forget where you parked your car, but if that happens to you once a week, that’s more like dementia.”

Normal Forgetting Is a Function of Distraction

“One reason we forget is that we haven’t given the information

meaning. If something's meaningful, it's memorable," Small says. "Pay attention to what you are doing."

In addition to age-related brain changes, graying Americans are often full of information that distracts them from what they wish to remember. "We focus on what's important for our goal, and we leave all the other stuff aside," Small says.

You may remember that the meal you had was great, even if you can't remember the name of the restaurant.

"As our businesses grow or our lives become more complex, we don't pay attention because some information is not necessary to accomplish our goals," notes Small.

But if you are truly worried about how serious your forgetfulness is, Senelick says a test developed by researchers at Washington University in St. Louis to differentiate between normal aging and cognitive decline is a helpful tool. It consists of eight yes-or-no questions that assess whether there has been a marked change over time in the person's behavior as seen through a series of scenarios. If you answer yes to two of them, then it may be the first signs of dementia or Alzheimer's. Called the AD8 Interview, the test can be given to you, your spouse or your children to assess your cognitive status.

Most Common Memory Complaints

Even if memory problems are a common sign of aging, forgetting

important things can be annoying and embarrassing. With Small's help, we've summed up the four most common memory complaints and some tips for dealing with them:

1. Remembering names and faces: You recognize the face, but can't recall the name. "Our memories live in neighborhoods," Small explains, "and when we try to remember something, it helps if we can associate it with something that will get us into the right neighborhood."

Advice: As soon as you meet someone, try to associate his or her name with something familiar. If, for example, you're introduced to Mr. White and he has grey hair, you can think, "White has white hair."

2. Tip-of-the-tongue problems: You can't think of the name of the movie you saw last night — until you're driving home from the dinner party where you made a fool of yourself groping for it. It's again about making an association for yourself that allows you to pull it out of the right file in which you've stored it in your brain.

Advice: Small recommends writing down (on paper or on your smartphone) the name of the movie and as many words as you can associate with it. That simple exercise will allow you to access those words the next time and make it easier to remember the movie title (or book name or painting or

whatever it is that's on the "tip of your tongue.")

3. Memory places: Forgetting where you put things can be solved simply by always putting them in the same place every time you put them down.

Advice: If you can't put your keys or your wallet down in its usual home, then say to yourself as you're putting it down, "I am putting my keys on the nightstand." And, says Small, if you can't do either of those things at the moment you're about to put them down, then don't put them down.

4. Prospective memory: If you forget to bring things to appointments, or walk out of the house without what you need for an important meeting, then the fix is to slow down.

Advice: "It's about creating memory habits," Small says. "What I recommend is to check your calendar at the same time and in the same place each day. Before you leave your house, think through what's involved in what you are going to do. Do you have your insurance card? Do you have the folder you need to prepare your taxes? Do you need to bring anything else with you?"

Some Other Tricks for Keeping Your Memory Sharp

If you want to have a strong brain as you age, it also helps to take care of your heart. Put another way: The same things that ensure heart health ensure brain health, Small says.

Help Spread the Word!

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

Forward it on!

To keep your brain flexible and young, try to do the following:

Exercise. That gets your heart pumping, which means more oxygen reaches your brain, which means that your brain gets healthier. Exercise also releases hormones that create a hospitable environment for the growth of brain cells.

Reduce stress. That's because stress releases hormones like cortisol, which can inhibit brain cells. If you are stressed, you may also be taxing your memory because you are focusing on those things that worry you instead of the things that you need to do.

Eat well. Filling your body with lots of sugar and empty carbohydrates could leave you with a serious case of brain fog because you're not fueling your brain's needs.

Add Omega fatty acids (like those that come from fish and olive oil) and you'll be giving it the building blocks it needs to create new cells. Meat (especially liver), seafood,

eggs, milk and cheese are foods rich in Vitamin B-12 can help the brain by encouraging methylation, a process that brains need to be healthy, and which, in some studies, is shown to be lacking in people with Alzheimer's disease.

A new study from Rush University Medical Center and published in the journal *Alzheimer's & Dementia* says that older adults who rigorously follow a specific diet appeared to be 7.5 years younger cognitively than those who did not. The study followed 960 adults who had no dementia and who were average age of 81 at the start of the study.

Participants ate the Mediterranean diet and the DASH diet, which have both been shown to improve cardiovascular health. It includes eating three servings a day of whole grains, green leafy vegetables and one other vegetable each day, along with a glass of wine. Snacks include nuts, beans and berries. The diet includes poultry and fish at least twice a week. Key to success on this diet is to limit unhealthy foods, especially butter and sweets, as well as whole-fat cheese, fried or fast food.

Check your medications. Pain medications, tranquilizers (like Xanax) and blood pressure medicines can all affect how your brain works, Senelick says. If you've been on a medication and are feeling confused or like your memory is not working, check the Internet to see if memory loss might be a side effect, and then ask your doctor to prescribe something else.

"For most medicines, you have another choice," Senelick says.

*Andrea Atkins, Grandparents.com,
August 28, 2015*

POOR SLEEP LINKED TO ALZHEIMER'S IN STUDY OF BRAIN SCANS

Sleeping poorly or not getting enough rest may result in a type of brain abnormality associated with Alzheimer's disease, a study showed.

Brain images of adults with an average age of 76 found that those who said they slept less or poorly had increased build-up of beta-amyloid plaques, one of the hallmarks of Alzheimer's, according to research published today in *JAMA Neurology*. None of those in the study had been diagnosed with the disease.

Though more studies are needed to determine whether poor sleep increases plaque or the plaque causes sleep troubles, the findings suggest another way people might be able to identify early changes that foreshadow Alzheimer's. Research released at the Alzheimer's meeting in July suggested that memory lapses may be one of the earliest discernible signs of the disease.

"This is part of a larger message that healthy sleep is an important contributor to health in general and especially to successfully aging," said study author Adam Spira, an assistant professor in the Department of Mental Health at Johns Hopkins Bloomberg School of Public Health in Baltimore, in an Oct. 18 telephone interview. "It may be an important component in preventing Alzheimer's disease, but that remains to be seen."

More than 5 million Americans have Alzheimer's disease and the number is expected to triple by 2050, according to the Alzheimer's Association. Today's findings are the first to use brain images to identify the potential link.

The study included 70 older adults. They are part of the Baltimore Longitudinal Study of Aging, the U.S.'s longest running study on human aging. The participants reported they slept from no more than five hours a night to more than seven hours.

Brain Imaging

The scans showed that less sleep or more fragmented sleep were associated with greater plaque in the brain even after excluding the four participants with mild cognitive impairment or dementia.

People with Alzheimer's disease have fragmented sleep and rest for shorter periods than cognitively healthy adults. A study of mice last week in the journal *Science* suggested that during sleep more fluid can get into the brain, which in turns increases the removal of the plaque, Spira said.

"These findings are important, in part, because sleep disturbances can be treated in older people," he said in a statement. "To the degree that poor sleep promotes the development of Alzheimer's disease, treatments for poor sleep or efforts to maintain healthy sleep patterns may help prevent or slow the progression of Alzheimer's disease."

Bloomberg News, 10/13

LESSONS LEARNED FROM OLDER PATIENTS

The word "doctor" derives from the Latin verb *docere*: to teach, and as a doctor I do often offer instruction. But when a woman in her 80s comes in for her annual physical and tells me she's still dancing, mowing her lawn, and helping out her older neighbors, I have no illusions about which of the two of us should be doing the teaching.

Particularly since reading a lovely feature story about Ethel Weiss, the 99-year-old Brookline woman who's still running her toy and card shop on Harvard Street after an incredible 74 years, I've been thinking about what I've learned from my patients about aging well.

Weiss is not my patient, but many of my older patients share several things in common with her: good genes, a positive attitude, and a determination to stay active and engaged. Many, like Weiss, have made the choice to incur some risk by continuing to live alone, in order to maintain independence. As one of my older patients once told me: "There are worse things than falling."

But here's where it gets tricky: I also have patients who are aging well who've made very different choices. Some have moved to assisted living facilities and tell me that the safety net provided by on-site dining and medical care gives them the freedom and peace of mind to do the things that they really enjoy: reading, socializing, volunteer work, whatever.

I have an older patient who's been doing great since moving in with her children and another for whom this arrangement has been a disaster.

Some retirees come back from a winter in Florida and pronounce it heaven on earth. Others call it a geriatric ghetto or, more morbidly, "God's Waiting Room."

So, beyond a few common-sense basics — keep moving, eat well, don't smoke, don't drink too much, keep up with routine medical care, stay intellectually and socially stimulated — is there any single secret for aging well?

I'm concluding that aging well isn't much different than living well at any age. My contented older patients, like my contented younger patients, are honest with themselves about what works best for them, they don't expect everything to be perfect, and they have good senses of humor.

That woman in her 80s who still mows her lawn? As she left my office she said to me: "Listen, be happy . . . and be well." Was that a pleasantry, or advice?

Suzanne Koven, MD. Adapted from the In Practice blog on Boston.com

Tech Tips

WHY BOOMERS WILL PUSH FOR SELF-DRIVING CARS

Sheryl Connelly is a futurist for Ford Motor Co., scanning the world for trends that will change the way we live and drive. She has [been described as the Faith Pop-](#)

[corn](#) of the auto industry and credited with keeping her company producing the right types of vehicles at just the right time.

The big trend happening before our eyes, she says, is the rise in the number of older people across the globe, which has major implications for getting around.

“That’s ‘Trends 101,’” says Connelly, who studied finance before earning an MBA and a law degree.

For many who are elderly now, being able to drive is essential to remaining home and maintaining independence. Their kids — the boomers who are causing the global demographic shift — don’t relish having to [take away the car keys](#). Nor do they want the keys taken from *them* in the future.

“They’re not likely to give up their autonomy and independence easily,” Connelly notes.

So Ford, along with other car companies, has put millions of dollars and years of research into figuring out how to keep current and future populations of elderly people driving safely. According to the Centers for Disease Control, the [risk of being hurt or killed in a car accident](#) rises with age, and as the over-65 population rises, the problem will get worse. But high-tech features that auto companies are developing counter physical and mental changes that can happen with aging.

Designed For Elderly And Working For Everyone

Since many of Ford’s engineers are young, to build their empathy as they build cars, these pros

sometimes wear a Third Age Suit, a head-to-toe coverall that simulates what it’s like to be 60, 70 or 80. The risk of being hurt or killed in a car accident rises with age, and as the over-65 population rises, the problem will get worse.

“It comes with glasses to mimic the effects of glaucoma, gloves that make you lose sensitivity and dexterity and braces around the neck, knees and elbow — you calibrate the tension and feel the restricted movement that comes with aging,” Connelly says. “Medical science tells us that aging brings slower response time, a limited range of motion and impaired vision. The suit tells us what that experience is like.”

Much of what automakers have already developed is being marketed for convenience. As with so many things meant to help the elderly, these solutions use universal design principles that help everyone.

Now, cars may come with voice-activation systems that let drivers keep their hands on the steering wheel; cameras to see behind the bumper; cross-traffic and blind-spot alerts or a steering wheel that vibrates if a driver crosses a lane. There are cars with parallel parking skills, laser headlights for optimal visibility and even sensors to measure if a parking slot is big enough for your vehicle before the car steers itself in to it.

“These sensors and technology are all steps to get us closer to autonomous vehicles,” Connelly says. “Right now, all of the technology exists to make self-driving cars.”

Glimpses Into The Future Advances are coming rapidly.

There’s a 32-acre area at the University of Michigan in Ann Arbor, [dubbed “M City,” for testing vehicle-to-vehicle](#) and vehicle-to-infrastructure communication. Toyota has created [a department meant to unify](#) all the different connected-car technologies; connected cars send electronic signals to each other and to objects around them to prevent crashes and maintain traffic flow, all part of the Internet of Things.

And yet, we’re years away from having autonomous cars on the road, since it takes more than technology alone to make such cars acceptable and accepted. There’s the huge hurdle of hacking, recently outlined [in an excellent Washington Post article](#). That, says Connelly, is the biggest obstacle. “We have to make sure people have security and confidence,” she notes.

Dollars & Sense

Then there are issues of insurance, liability laws and urban planning — who sets up the grid and which cars are allowed on it? Who is responsible when an autonomous car gets in an accident? And then there are people’s values, attitudes and behavior.

Connelly is 47 and helps care for her 81-year-old mom. So she observes how her mother gets into the car. “She shuffles in backward, leading with her bottom. Once she sits, she turns to face the steering wheel. I lead with my right foot,” Connelly says.

Understanding that difference already led to a change in Ford's car design. "Years ago, we lowered the lift of our vehicles so you don't have to lift your legs as high to get in, and we added telescopic steering wheels and adjustable pedals so it's easier to swing your legs in," Connelly says.

So while this futurist looks ahead and envisions a *Minority Report*-style of mega-cities with grid systems where drivers can enter and then switch to hands-free mode, she also looks with the eyes of a realist at her mom when pondering what will happen soon.

"A lot of people think we'll end up with self-driving cars because kids today don't want to drive," Connelly says. "But I think the interest of someone who's 85 and someone who's 18 will come together. The push will be: How do you let the oldest members of society hold on to the dignity, freedom, autonomy and independence that comes from driving your own vehicle?" Connelly says.

ESTATE PLANNING FOR SINGLE PEOPLE

You need to take different steps than married people. Here's how.

While discussions for [estate planning](#) often focus on married couples, estate planning for a single person is equally as important. In many instances, a single person may need to do things differently and the consequences of not having a well-coordinated plan can create real problems.

Most single people own assets in their names individually and may also own some assets as a joint

tenant with right of survivorship. Other assets, such as life insurance or retirement assets, will be distributed at death according to the terms of their [beneficiary designations](#).

How these varying assets are titled and how the beneficiary designations are prepared will directly impact who will get control of the assets and how they'll be distributed at the individual's death.

For a single person, the default under state law usually provides that assets are passed on to their closest relatives.

If an individual dies without a will (known as [intestate](#)), possessions are distributed according to the default laws of his or her state. Under these state laws, a married individual's assets typically go to their spouse or children. For a single person, however, the default under state law usually provides that assets are passed on to their closest relatives (e.g. children, parents, siblings). If there are no relatives alive, assets may go to the state.

To avoid having the state decide the fate of your assets, it is imperative that you put an estate plan in order to ensure your wishes are carried out:

Estate Planning Essentials

Here is a brief guide to preparing essential estate plan documents providing direction on how your estate should be distributed and who should be responsible for making important decisions on your behalf — if you become mentally or physically incapacitat-

ed or for your estate following your death.

A [Will](#) is the centerpiece of your estate plan and allows you to distribute assets as you see fit; name guardians for minor children and assign an executor to guide your estate through probate, the court-supervised process of accounting for your assets.

The [executor](#) you name should be someone trustworthy and not easily swayed; if you don't have close relatives, choose a close friend or an objective third-party, such as an attorney.

When preparing your will, give some thought to how your home or personal property should be distributed. Investments are easily divided between beneficiaries, but a single person may have very specific wishes about who should inherit his or her home or personal property with special sentimental value.

[Durable power of attorney](#): This document lets you appoint someone to manage your day-to-day financial and personal affairs even if you become unable to do so for yourself. A married person often names a spouse for this role; a single person should select a trusted friend or family member with strong financial acumen.

Medical provisions: A [health care directive](#) speaks to your medical wishes if you are unable to communicate them yourself. A medical power of attorney names an individual who is authorized to discuss and make decisions on your treatment and care. When selecting someone for this role, remember that it doesn't have to be the same person as your financial power of attorney. Take care

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

Name	Mailing Address	Phone	Fax	E-Mail Contact Form
U.S. Representative Frank Guinta	326 Cannon House Office Building, Washington, DC 20515	202) 225-5456	(202) 225-5822	https://guinta.house.gov/contact/email
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/

to choose a trusted individual who knows you well and who will respect your wishes regarding medical care and life-support decisions.

Updated beneficiary designations: These will determine who will receive your benefits including life insurance and retirement plan assets. So be certain the designation forms are up-to-date, coordinated with your estate planning documents and best reflect your wishes.

Estate Taxes: Typically, federal estate taxes don't apply to a single person until the value of your estate exceeds the federal [estate tax exclusion](#). In 2015, that's \$5.43 million minus any taxable gifts you've made during your lifetime. If you are widowed, your federal exclusion amount may include the unused estate tax exclusion of your deceased spouse (if your spouse died after 2010 and this is indicated in his or her estate tax return).

Recently, the federal estate tax exemption has been rising (and it's now indexed for inflation so the exclusion amount will increase each year). As a result, for many

single individuals, estate tax planning has shifted to the state side. Roughly half of the states now impose a state-level estate tax. Consequently, it's important to speak to an estate planning attorney to determine if a state estate tax would apply to you.

Advice for Transferring Assets

When planning for the distribution of your estate, there are important tools to keep in mind, such as a [trust](#), which holds assets for the benefit of a third-party beneficiary. Since a single person determines the right tools to use for effectively creating an estate plan to properly dispose of his or her assets, it's important that you also coordinate that planning with the way your assets are titled and the way your beneficiary designations are prepared.

Speak to an Estate Attorney and Financial Adviser

If you don't have an estate plan that speaks to asset transfer; business and financial decisions and health care directives, meet with an estate planning attorney and financial adviser. These professionals will help you craft a com-

prehensive plan tailored to your situation to ensure that your assets will be distributed the way you intend.

Twin Cities Public Television, 2015

THOSE ANNOYING AND SNEAKY UPCHARGES

You can't go anywhere these days without running into hidden charges. It seems even medical professionals have learned the fine art of breaking down each individual service to enhance their bottom lines.

Remember the space on the consent to treatment you sign prior to seeing your professional—the one holding you individually responsible for any charges not covered by insurance? Then, a month after your visit, you open a bill only to discover large residual charges? It is unpleasant at best to find you have been duped into paying more for less without having been given the opportunity to make a good decision about how you wish to spend your dwindling assets.

A few examples:

During a recent visit to the dentist for a cleaning, the hygienist casually mentioned the final rinse. Fortunately, I inquired about the rinse immediately, prior to application, and found it added \$68 to my cleaning bill. She assured me this was a special antibiotic rinse, reaching below the gum line, which would prevent the advance of periodontal disease.

My husband had already researched this product on line, and the general consensus was it was relatively ineffective. So, resisting the “upcharge pressure” I inquired about alternatives and she suggested a more economical rinse I could purchase [for only half the antibiotic price] from the dental office and use at home.

I then asked about using a prescription rinse I already had on hand. Surprise! It turned out to be the same, otherwise more expensive product! I then requested the dentist to write me a prescription I could submit to my mail-away pharmacy. Not only did this alternative cost less, but it chipped away at my Medicare Part D deductible.

The second jolt came when our ophthalmologist sent a \$41 bill for writing an eyeglass prescription after a periodic exam. This item had always been included in previous exams. My husband had already paid a \$30 co-pay for the visit. No one mentioned this upcharge at the outset, or he would have refused the refraction.

NOTE: We generally go to an eyeglass outlet where they have the exam included in the price of

the glasses [2 pair for \$99 – bifocals \$69 single vision.

The third upset came when I was billed \$28 for 2 components [the \$20 fingerprick for a drop of blood, and then \$20+ for the test itself] of the a1c blood sugar test performed as a matter of routine at our doctor’s office. The insurance had covered a portion, but since I signed at check-in accepting responsibility for any charges not covered by insurance, I was stuck and had to pay up.

How can these expensive pitfalls be avoided? Certainly, I will be much more cautious about anything other than the most routine and mundane services in the future. I have resolved to ask, at each step of the way, or procedure, if anything has changed about billing or what is no longer typically covered by insurance along with suggestions for acceptable less expensive alternatives. About the a1c: I resolved to bring in my own glucose monitor to be downloaded or read on the spot to see how my blood sugars are doing in lieu of this new cash cow.

ENTERPRISING CAR RENTAL COMPANIES

Another sneaky trick—

For years and years, when we rented a car, we signed paperwork in advance that made it clear we were to return the car with a full tank, and if we did not, we would be responsible to replace the missing gas at a greatly inflated price. The alternative would be to pay in advance for the amount we might incur, at a somewhat more reasonable price, and any excess funds

would be credited to us at check in.

Now there is a new revenue-producing wrinkle in the scheme of things. Our rental car was delivered to us with one quarter of a tank full. We had the same option of paying an exorbitant amount in advance to cover the possibility of returning the car with less than the quarter tank. However, there was no reimbursement possible if we returned the car with more than a quarter tank full.

This scheme seems reasonable until you consider most of us don’t want to ride around in a car that is constantly nearing empty. I, for one, prefer to keep that fuel gauge above the half mark. In order to keep the gauge near one quarter full, the renter has to make many frequent stops at gas stations constantly calculate just how far he is going to drive. This is bothersome, and I have better things to do than obsess about the gas tank. I suspect you do too. As a result, most of us are going to return that rental car with more than the original quarter of a tank. Who pockets that extra \$10 or so? You guessed it—the rental company.

I’ve resolved the next time I rent a car, I will specify it be delivered with a full tank. Then, all I will have to do is fill up one last time just prior to returning it, and save myself some cash.

Laugh & Live Longer

NEW WINE FOR SENIORS

Some winemakers in the Hunter & Barossa grape areas got together

to come up with a grape that is great for seniors at night.

Yes, One glass of wine for a full uninterrupted night's sleep—I kid you not—a wine for seniors.

The Hunter & Barossa usually produce fine wines such as - Pinot Blanc, Pinot Noir, Pinot Grigio, & other great Pinot's . This new hybrid grape acts like an anti-diuretic, it is expected to reduce the trips seniors take to the bathroom each night .

This new wine will be marketed as: Pinot More

I heard this through the Grapevine

FORREST GUMP DIES AND GOES TO HEAVEN

The day finally arrived. He is at the Pearly Gates. However, the gates are closed, and Forrest approaches the gatekeeper.

The gatekeeper said, “Well, Forrest, it is certainly good to see you. We have heard a lot about you. I must tell you though, that the place is filling up fast, and we have been administering an entrance examination for everyone. The test is short, but you have to pass it before you can get into Heaven.”

Forrest responds, “It sure is good to be here, sir. But nobody ever told me about any entrance exam. I sure hope the test ain't too hard. Life was a big enough test as it was.”

The gatekeeper continued, “Yes, I know, Forrest, but the test is only three questions. First: What two days of the week begin, with the letter T? Second: How many sec-

onds are there in a year? Third: What is God's first name?”

Forrest leaves to think the questions over. He returns the next day and sees St. Peter, who waves him up, and says, “Now that you have had a chance to think the questions over, tell me your answers.”

Forrest replied, “Well, the first one -- which two days in the week begins with the letter 'T'?

"Shucks, that would be Today and Tomorrow.”

The gatekeeper's eyes opened wide and he exclaimed, “Forrest, that is not what I was thinking, but you do have a point, and I guess I did not specify, so I will give you credit for that answer. How about the next one? How many seconds in a year?”

“Now that one is harder,” replied Forrest, “but I think and think about that, and I guess the only answer can be twelve.”

Astounded, the gatekeeper said, “Twelve? Twelve? Forrest, how in Heaven's name could you come up with twelve seconds in a year?”

Forrest replied, “Shucks, there's got to be twelve: January 2nd, February 2nd, March 2nd..”

“Hold it”, interrupts the gatekeeper. “I see where you are going with this, and I see your point, though that was not quite what I had in mind... but I will have to give you credit for that one, too. Let us go on with the third and final question. Can you tell me God's first name?”

“Sure,” Forrest replied, “It's Andy.”

“Andy?” exclaimed the exasperated and frustrated gatekeeper. “Ok, I can understand how you came up with the answers to my earlier questions, but just how in the world did you come up with the name Andy as the first name of God?”

You are going to love this

“Shucks, that was the easiest one of all,” Forrest replied. I learnt it from the song, ANDY WALKS WITH ME, ANDY TALKS WITH ME, ANDY TELLS ME I AM HIS OWN.”

The gate keeper opened the Pearly Gates, and said: “Run, Forrest, run.”

GETTING OLDER IS QUITE INTERESTING IN TODAY'S “COMPLEX” WORLD!

When I bought my Blackberry, I thought about the 30-year business I ran with 1800 employees, all without a cell phone that plays music, takes videos, pictures and communicates with Face book and Twitter.

I signed up under duress for Twitter and Facebook, so my seven kids, their spouses, my 13 grand kids and 2 great grand kids could communicate with me in the modern way. I figured I could handle something as simple as Twitter with only 140 characters of space.

My phone was beeping every three minutes with the details of everything except the bowel movements of the entire next generation. I am not ready to live like this. I keep my cell phone in the garage in my golf bag.

The kids bought me a GPS for my

last birthday because they say I get lost every now and then going over to the grocery store or

Library. I keep that in a box under my tool bench with the Blue tooth [it's red] phone I am supposed to use when I drive. I wore it once and was standing in line at Barnes and Noble, talking to my wife and everyone in the nearest 50 yards was glaring at me. I had to take my hearing aid out to use it, and I got a little loud.

I mean the GPS looked pretty smart on my dash board, but the lady inside that gadget was the most annoying, rudest person I had run into in a long time. Every 10 minutes, she would sarcastically say, "Re-calc-u-lating." You would think that she could be nicer. It was Like she could barely tolerate me. She would let go with a deep sigh and then tell me to make a U-turn at the next light. Then, if I made a right turn instead... Well.... it was not a good relationship...!

When I get really lost now, I call my wife and tell her the name of the cross streets and while she is starting to develop the same tone as Gypsy, the GPS lady, at least she loves me.

To be perfectly frank, I am still trying to learn how to use the cordless phones in our house. We have had them for 4 years, but I still haven't figured out how I lose three phones all at once and have to run around digging under chair cushions, checking bathrooms, and the dirty laundry baskets when the phone rings.

The world is just getting too com-

plex for me. They even mess me up every time I go to the grocery store. You would think they could settle on something themselves but this sudden "Paper or Plastic?"

Every time I check out just knocks me for a loop. I bought some of those cloth reusable bags to avoid looking confused, but I never remember to take them with me..

Now I toss it back to them. When they ask me, "Paper or plastic?" I just say, "Doesn't matter to me. I am bi-sacksual." Then it's their turn to stare at me with a blank look.

I was recently Asked if I tweet. I answered, "No, but I do fart a lot."

P.S. I know some of you are not over 60. I posted this to allow you to forward it to those who are. I figured your sense of humor could handle it.

We senior citizens don't need any more gadgets. The TV remote and the garage door remote are about all we can handle.

Purposeful Living

Jacquelyn "Jackie" Gagne has been an RSVP volunteer for the past 4 ½ years donating over 780 volunteer hours. As a professional nurse, Jackie was a care provider, but since retirement, she has continued to care about her neighbors and those that need a little help to remain living in their homes as independently as possible.

As a "One-To-One" volunteer, she helps at-risk seniors get to doctor appointments and grocery stores or will do the shopping for others who can't get out, especial-

ly in our cold weather season. Her selflessness allows those people to stay in the comfort of their home for longer than if they didn't have a little assistance.

Having a caring individual who provides positive connections with homebound folks has been proven to improve people's mental and physical health. By providing One-To-One services, Jackie is helping the community as a whole not just one person at a time.

Transportation is an issue for many in the north country, so having volunteers willing to do transporting not only helps the immediate recipient but also frees up time in the local transit programs schedule for others.

Jackie also cares about keeping active and fit herself and believes it is good practice for all to live healthy and productive lives. When she heard about the Bone Builders Program she immediately contacted us to find out more about this Osteoporosis intervention and prevention program. Jackie attended two train-the-trainer sessions with a Master Bone Builder Instructor and decided that this was a program worth bringing back to her community.

She began instructing with a partner and their class grew rapidly as word got out that Jackie's classes were fun and informative. They outgrew the first space and larger second space and now have a time and space slot with the local recreation department! The Bone Builders Program has over 40 participants and is helping these folks to remain active, strengthening

their bones, helping people with their balance and increasing their chances of surviving a fall without breaking bones.

Jackie Gagne is a real asset in our community and in addition she has volunteered at the local hospital, for a Community Thanksgiving Dinner, at the Little Folks Christmas Event, at Northern Forest Heritage Park special events, done some handy helper duties.

Board Notes

THE UNTOLD STORY HOLDS THE KEY

"In this infinite sea of potentials that exists around us, how come we keep recreating the same realities?" Dr. Joseph Dispenza.

Sometimes we do create new realities. Take the change in attitude towards people with disabilities. We no longer think of people who need some assistance with daily activities as being totally dependent...we recognize that they can still contribute. We even reached a point of including people who need a great deal of assistance in that viewpoint. Take Stephen Hawkins for an example. Here is a brilliant man suffering from ALS, requiring total care for his body, and still admired as a genius and a contributing member of society. (If you get a chance to see the movie of his life, "The Theory of Everything", don't pass it up. It's amazing.)

But here's the strange thing. When it comes to needing assistance connected to being older, the label of helplessness comes out. If

you're over 65, you know about that first working day in January when your mail box is suddenly filled with material on hearing aids, mobility aids, incontinent supplies and all things associated with frailty. Seriously? We all know the calendar doesn't define us, but we tend to accept a downward spiral of detachment and neediness. That's our unspoken story.

Well, it's time to tell some new stories. And we are, but very, very slowly. Recently on TV there have been clips for the movie "The Intern" about a retired man becoming an intern to young woman boss and how he becomes valued and admired. CBS did a recent report on a children's day care center located in a nursing home and the beneficial gains for both young and old.

(<https://www.facebook.com/thenational/videos/10153034563082686/?fref=nf>). In Boston, there is a project that puts Foster Care children in a similar model. And here in NH we have the Adult Day program at Alverine High School.

NH has an amazing resource in volunteers, especially those who are retired. Many, many are involved in traditional ways of serving their communities. And that's great, but EngAGING NH is issuing you a challenge. Look around you and think about what kind of community you would like to see for your grandchildren. Watch for opportunities to create a new narrative, an untold story in the making. Such opportunities can come in the most unexpected places!

One day last December in a long line at the Post Office, two City Councilmen were chatting about their concerns over the budget and a request to the Planning Board for changes to a local Assistive Living facility. As the conversation wound down, but the line stayed long, there was an opportunity to ask the "what if questions".

- What if we did more than just look at meeting building codes?
- What if we asked what other purpose in the community could this project serve?
- Could it, for example, be a safe holding place for children on days when school opening was delayed?
- What if we designed the structure with conversion plans when such facilities are no longer in high demand?

What if we all started inventing new stories of the way that will someday be told?