



A Citizen Voice for the
Aging Experience

ENGAGING NH NEWS

GUEST OPINION:

No Prancing For Me! Too Old For Fun?

by Marilyn Armstrong

I went to the doctor today. I made a list of the things I needed to talk about, among them trying to get some Prednisone or something to make me able to actually enjoy my vacation in Maine in October. I just want a week off of the whole pain and misery thing. I checked with my cardiologist and he seemed to think a week of Prednisone would be fine, at least for my heart.

I know Prednisone is evil and will -- with prolonged use -- melt my bones. But really, I'm not asking for a long-term run. Just a week. One lousy week of living without pain.

He said (really, no kidding, he said this),"I don't want you prancing around like a 20-year old, hiking all over Maine."

Prancing? Like a 20-year-old? When I was 20, I was wrapped in plaster from my rib cage to my knees following a spinal fusion and laminectomy. I can't remember ever doing any prancing even when I was a kid. But hey, he doesn't know me yet. If we had a longer relationship, he would realize what an absurd statement that is.

Not only am I not doing any prancing, but we're sharing our vacation with our best friends. He will be one month past knee replacement surgery. She's almost as arthritic as me and she is way past prancing. Garry is in better shape, but he's not bouncing around either.

I have to be sensible.

Bah.

I pointed out I was unlikely to take up bungee jumping or mountain climbing, but the doc was convinced I would do something stupid and potentially damaging to what we humorously call my body.

"You're 67 years old. You're recovering from massive and extremely serious surgery. That's reality. You aren't healed yet."

"When," I asked, "Is yet?"

"Six months."

"Six months," I repeated. And I sighed.

I should be used to it. Maybe I am, but I

September 2014
Volume 8, Issue 9

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don't like it. Not at all. I just wanted a week off. One week, so I could walk, take pictures. Enjoy myself and not be in pain. Go out, find a moose unaware, take great wild-life pictures. In the wild, not in a zoo. But no. I have to be sensible. Bah.

I'll deal with it. But I really wanted that week. One week without the pain. I guess it is too much to ask.

Marilyn Armstrong lives with her husband, Garry Armstrong and her son in Uxbridge, Massachusetts. She has been a professional writer for her entire adult life.

NH Updates

POLST REGISTRY

Provider Orders for Life Sustaining Treatment (POLST) is a system for portable medical orders for patients who their doctor or nurse practitioner think might die within the next twelve months. It is a voluntary program for patients and providers.

A key objective is to improve the understanding and communication of a patient's medical care choices when patients move among different care settings (e.g. nursing home to hospital, hospital to hospice, etc.) Better care transitions and reducing preventable hospital re-admissions is a key Foundation priority through the NH Partnership for Patients.

The development of POLST in New Hampshire is being guided by the NH Healthcare Decisions Coalition, a multi-disciplinary

state-wide group that continuously seeks to improve health decision making processes. Resources to assist POLST development include: SB 213 creating a registry of participants in POLST Life became official law in August and is effective July 1, 2015. For more information go to:

<http://www.healthynh.com/index.php/provider-orders-for-life-sustaining-treatment-polst.html>

CONFERENCE NOTICES:

Promoting and Protecting the Rights of Assisted Living Residents

Thursday, October 9, 2014, Executive Court, Manchester, NH. A full-day conference to learn how to comply with state and federal laws designed to protect residents in assisted living homes.

National speakers Susan Ann Silverstein of the AARP Foundation and Ken Shiotani of the National Disability Rights Network will be discussing *how fair housing laws apply to assisted living facilities.*

Other topics include: Trends in

Resident Complaints; Patient's Bill of Rights; Review of Assisted Living Law - RSA 161-J; Hot topics in Licensing Requirements; Best Practices Regarding Admissions and Contracts; Medicaid Managed Care Update; and Legislative Update.

Please contact Cheryl Driscoll, Esq. at NH Legal Assistance if you have questions or suggestions for conference topics: Telephone: (603) 206-2210, Fax: (603) 224-2053, Email: cdriscoll@nhla.org, Website: www.nhla.org

8th Annual Caregivers Conference

Hosted by the Coalition of Caring, November 12, 2014, Grappone Center in Concord. For details please visit www.coalitionofcaring.org.

NH Care Path: Opening Doors to Community Long-Term Services & Supports Conference

September 26th, 2014 from 9:15 am – 3:30 pm at the Radisson Hotel in Manchester, NH.

This is all-day conference for

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.

FYI . . .

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

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

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

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long-term care professionals is sponsored by NH DHHS through funding from the Balancing Incentive Program. In 2012, New Hampshire received funding from the Centers for Medicare and Medicaid Services (CMS) to implement the Balancing Incentive Program with the purpose of increasing access to long-term services and supports in community settings.

Conference participants will learn more about the Balancing Incentive Program and the important

partnerships with community organizations aimed at enhancing access to home and community-based supports. Through a series of panel presentations attendees will hear about statewide changes to improve access to long-term services and supports and efforts to increase consumer awareness regarding community based options as an alternative to institutional care.

For online registration go to: https://www.events.unh.edu/RegistrationForm.pm?event_id=16821

LONG TERM CARE INSURANCE RATES

In an attempt to stanch steep rate increases facing consumers for long-term care insurance, New Hampshire Insurance Commissioner Roger A. Sevigny proposes placing limits on future price hikes.

Annual premium increases would be capped on a sliding scale with older consumers seeing the lowest hikes under a new rule proposed by the commissioner, the department's life, accident and health actuary Daniel Sky explained. Under the proposal, rate increases would be capped at 50 percent for those who are 50 years old and younger to 2 percent for those who are 90 years old and older, Sky said.

The proposal received strong opposition from the insurance industry at a public hearing, Sky said. The rule change needs approval from the joint legislative committee on administrative rules. The proposal likely will go before the

committee in the fall, Sky said. All comments will be presented to the committee at that time.

While the state insurance department usually adopts models for regulating rates and establishing rules from the National Association of Insurance Commissioners, Sevigny decided to develop a new rule on his own when the NAIC wasn't moving forward on this long-term care pricing issue, Sky said.

"I think he just finally said I can't wait for this committee anymore. I need this rule," Sky said.

Details on long-term care rate increases seen in New Hampshire during at least the last five years were not immediately available. An insurance department spokesperson said they could not do the necessary research in the less than 12-hour period in which the information was requested.

The American Council of Life Insurers and America's Health Insurance Plans, two national trade associations representing the insurance industry, objected to the proposed rule changes at a July 22 public hearing.

"We strongly oppose the additions," they wrote in a three-page letter. "Any limitation on rate increase amounts or percentages based on the attained age of the policyholders is unfair and potentially discriminatory," they wrote.

Even if the new language applied just to new business, such provisions "would add substantial risk to the LTC insurers, unique to New Hampshire, and would like

reduce the availability of LTC coverage to New Hampshire residents,” the letter continued.

Besides proposing a cap on annual premium increases, the amendment also would expand the contingent non-forfeiture benefit to all long-term care policies, regardless of when they were issued.

A rule adopted in 2004 limited this benefit to policies issued after 2004. The contingent non-forfeiture benefit protects policy holders who give up their long-term care policies when premiums exceed a percentage of what they were at the time they were issued, Sky said. The benefit enables policy holders to get coverage equal to how much they paid in premiums to date, he said.

At year's end 2012, 31,556 New Hampshire residents had long-term care insurance with total earned premiums of \$57,985,103, according to the National Association of Insurance Commissioners.

Kathryn Marchocki, The New Hampshire Union Leader, Manchester McClatchy-Tribune Information Services

CITIZEN’S INSTITUTE ON RURAL DESIGN™ SELECTS FRANKLIN FOR WORKSHOP

UNH Cooperative Extension Award

The Citizens’ Institute on Rural Design™ (CIRD) selected UNH Cooperative Extension today to host a rural design technical workshop later this year in partnership with Franklin. The workshop will explore the use of community de-

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sign in response to an aging New Hampshire.

Aging Baby Boomers and longer life expectancies will result in an increasingly older population. Most older residents want to remain in their current home as long as possible, and there are diverse challenges to aging in place. The Franklin workshop will build on local and state collaborations, CIRD-provided expertise, and NH resources to provide community-based design solutions.

CIRD workshops bring together local leaders, non-profits, community organizations, citizens and a team of specialists in design, planning, community and economic development and creative “place making” to address design challenges identified by the host communities. CIRD offers annual competitive funding to as many as four small towns or rural communities with populations under 50,000 to host a two-and-a-half day community design workshop. CIRD awardees receive \$7,000 to support the workshop, in-kind design expertise, and technical assistance valued at \$35,000, as well as additional training through webinars, conference calls, and web-based resources.

UNH Cooperative Extension’s proposal was one of four selected by an advisory panel from a pool of 48 applicants this year. Each selected organization applied with multiple local partners.

“We were extremely impressed by the volume and high quality of the applications we received. The selected communities demonstrate rich potential for leveraging partnerships to take action on a wide range of rural design issues,” said Cynthia Nikitin, CIRD program director and senior vice president of Project for Public Spaces, Inc.

“Rural design is a valuable tool for citizens to use to build on existing assets and improve their community’s quality of life and long-term viability.”

Ken LaValley, UNH Cooperative Extension interim dean and director, said this funding “allows us to provide access to important programming we wouldn’t otherwise have been able to do.”

“UNH Cooperative Extension has extensive experience working with New Hampshire communities to identify and address emerging issues and strengthen local decision making,” said LaValley. “We are excited to be collaborating with CIRD, Plan NH, and the City of Franklin on this project.”

NH PUBLIC TV THIS FALL

American Masters: The Boomer List features candid interviews with America's most influential baby-boomers. And for pure Americana, *American Experience* will premiere *Ripley: Believe It or*

WE WANT YOU TO KNOW

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

We actively partner and work with other NH advocates.

Formal Partnerships

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

Active Collaborations & Groups:

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

Other Groups we work with:

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

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Not. It explores the man behind the phrase and what keeps us so fascinated by the odd and grotesque.

From Our Readers

AUGUST GUEST ARTICLE

I am an active member of the OLLI program in New Hampshire and thoroughly enjoyed Jane's recent article. The program is outstanding and brings together bright, engaging, young-minded people who enjoying the educational and social benefits of learning for the fun of it.

MB

SEPTEMBER IS NATIONAL CHOLESTEROL EDUCATION MONTH

September is National Cholesterol Education Month, a good time to get your blood cholesterol checked and take steps to lower it if it is high. National Cholesterol Education Month is also a good time to learn about lipid profiles and about food and lifestyle choices that help you reach personal cholesterol goals.

High blood cholesterol affects over 65 million Americans. It is a serious condition that increases your risk for heart disease. The higher your cholesterol level, the greater the risk. You can have high cholesterol and not know it. Lowering cholesterol levels that are too high lessens your risk for developing heart disease and reduces the chance of having a heart attack or dying of heart disease.

Ellen Brownson, Lake Sunapee
VNA and Hospice

VOLUNTEER OPPORTUNITIES

The Friends Program is looking for volunteers for the following programs: Full Youth Mentoring Program - Call 228-0108. Be someone who matters to someone who matters. [Full Youth Mentoring Program Page](#).

Foster Grandparent Program

We need you. Even if you are not income-eligible to be a Foster Grandparent, we might still be able to match you with a great opportunity. Call 1-800-536-1193 or [visit our Web site](#) to get involved; *Caregiver Program*

Looking for volunteer drivers.

Call us at 228-0139 or complete an [on-line application](#) to get involved. Folks wanting to learn more are also invited to an [informational breakfast](#) on September 12. E-mail [Program Coordinator Carolyn Rich](#) to reserve your seat; and donations of school supplies and emergency housing items: Call 228-1462 to arrange a time to drop off your donation. [Full Emergency Housing Program Page](#)

News You Can Use

BEER AND HEALTH CARE COSTS

Monks have been brewing beer for centuries, and a monastery in central Massachusetts is the not just the newest to take on this centuries old practice, but the only monastery outside of Europe that brews

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certified Trappist Ale. The clergy at St. Joseph's Abbey is growing old, the average age is 70, and with health care costs rising they needed to find additional sources of revenue.

Traditional revenue streams like making fruit preserves were labor intensive, and weren't as lucrative as brewing beer. The monks calculate that their new venture should make enough money to support the monastery and health costs. Cheers!

Reuters

READING IMPROVES BRAIN ACTIVITY AND CONNECTIVITY

You might not need an excuse to pick up your favorite novel, but researchers at Emory University in Atlanta, Georgia just gave you one—increased neural connectivity and activity that results from reading. The study was conducted in two parts—in part one of the study scientists gave participants a Functional Magnetic Resonance Imaging scan (fMRI) to establish a neural activity baseline. In the second part of the study researchers had participants read 30 pages of the novel *Pompeii* by Robert Harris at night, then the following morning used an fMRI scan of

their brains to map the areas of activity. Researchers concluded that there was increased brain activity for hours after reading some of the most exciting chapters in the book. The most impressive finding in the study was heightened neural activity in the sensory-motor regions of the brain, indicating that reading a novel, in a sense, actually puts the reader in the story. To see the video clip go to:

<http://news.discovery.com/human/videos/reading-can-change-your-brain-video-140812.htm#mkcpgn=rssnws1>

Observation Status:

MIXED MESSAGES FROM MEDICARE AS BENEFICIARIES CONTINUE TO BE HURT

The use of Observation Status – treating certain hospitalized Medicare patients as outpatients when their care is indistinguishable from that of formally admitted inpatients – continues to garner considerable public and Congressional attention. It remains an unresolved problem that has serious financial consequences for Medicare patients and their families.

On July 30, 2014, the Senate Special Committee on Aging held the first Congressional hearing that focused on the impact of Observation Status on patients.

The same day, the Society for Hospital Medicine, the professional association of hospitalists, released a White Paper about the impact of Observation Status on patients and physicians.

The witnesses and White Paper confirm the problems that Observation Status creates for patients and hospitals and skilled nursing facilities (SNFs).

Meanwhile, an ongoing series of audits by the Office of Inspector General continues to request repayments by hospitals for overpayments, primarily for labeling their patients inpatients instead of outpatients, and the U.S. Department of Justice announced settlement for \$98 million of litigation against a Tennessee-based hospital chain for misclassifying patients as inpatients.

Center for Medicare Advocacy and Evelyn Aissa, Legislative Advocacy Manager, NH Voices for Health

U.S. DEPARTMENT OF TRANSPORTATION UNVEILS NEW, FREE, ONLINE SEARCH TOOL FOR RECALLS USING VEHICLE IDENTIFICATION NUMBER

Consumers will be able to tell whether their vehicle or a used vehicle they are considering is at risk due to an uncompleted recall

Every year, millions of vehicles are recalled in the United States due to safety defects or noncompliance with federal safety standards. To help car buyers, owners and renters know that their vehicles are safe and their safety defects have been address, the U.S. Department of Transportation's National Highway Traffic Safety Administration (NHTSA) today unveiled a new, free, online search tool consumers can use to find out

if a vehicle is directly impacted by a recall.

The new tool is available on www.safercar.gov/vinlookup and provides consumers with a quick and easy way to identify uncompleted recalls by entering their Vehicle Identification Number (VIN). All major light vehicle and motorcycle brands can be searched.

"Safety is our highest priority, and an informed consumer is one of our strongest allies in ensuring recalled vehicles are repaired," said U.S. Transportation Secretary Anthony Foxx. "Starting today car owners, shoppers, and renters can find out if a specific vehicle has a safety defect that needs to be fixed – using our free online tool."

Also effective today, under the new NHTSA mandate, all major light vehicle and motorcycle manufacturers are required to provide VIN search capability for uncompleted recalls on their own websites. This data must be updated at least weekly. NHTSA's new VIN look-up tool directly relies on information from all major automakers, and regularly updated information from the automakers is critical to the efficacy of the search tool.

Consumers can find their vehicle identification number by looking at the dashboard on the driver's side of the vehicle, or on the driver's side door on the door post where the door latches when it is closed.

Determining whether there is a recall that consumers need to take action on is easy. After entering

the VIN number into the field, results will appear if the consumer has an open recall on their vehicle, and if there are none, owners will see "No Open Recalls."

"Just as every single automaker should never hesitate to recall a defective vehicle, consumers should never hesitate to get their recalled vehicle fixed," said NHTSA Deputy Administrator David Friedman. "By making individual VIN searches readily available, we're providing another service to consumers – the peace of mind knowing that the vehicle they own, or that they are thinking of buying or renting, is free of safety defects."

Health & Wellness

GUM DISEASE MAY AGGRAVATE COLITIS, IBS

If you suffer from colitis or a related condition like irritable bowel syndrome, scheduling a dentist appointment is probably not the first thing that comes to mind when your symptoms flare up. But maybe it should be.

Researchers have recently discovered a link between the bacteria that cause gum disease and the worsening of inflammation in the digestive tract in an animal model of colitis. These results are preliminary and currently only apply to mice, but they suggest that improving one's oral health could be a simple and powerful way to prevent and manage the symptoms of inflammatory bowel conditions.

This is good news for the millions of Americans who suffer from colitis and IBS. The researchers induced symptoms of colitis in lab mice using a chemical called dextran sodium sulfate and exposed them to various strains of oral bacteria normally associated with gum disease. They found that some types of *Streptococcus* bacteria, upon entering the bloodstream, triggered the production of immune-system signaling molecules that made the colitis more aggressive.

Currently, eating a gluten-free diet is the only established therapy for colitis, but it isn't enough to prevent symptoms in everyone. People with IBS have even less guidance when it comes to identifying and avoiding the substances that trigger their condition. Now, the link between gum disease and bowel inflammation suggests that regular brushing, flossing and dental cleanings could help keep the disease in check.

Source: Oral Diseases 2014; doi: [10.1111/odi.12125](https://doi.org/10.1111/odi.12125)

OREGANO, ROSEMARY MAY FIGHT TYPE 2 DIABETES

Common herbs, especially rosemary and oregano appear to work in the same manner as prescription drugs to target enzymes involved in type 2 diabetes. These greens are rich in health-promoting compounds, some of which have now been found to inhibit enzymes called dipeptidyl peptidase IV (DPP-IV) and protein tyrosine phosphatase 1B (PTP1B), which are involved in insulin metabolism.

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family, neighbors,
friends and col-
leagues.**

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Interestingly, the way the herbs were grown had an effect on how well they blocked these enzymes. Researchers at the University of Illinois measured the levels of phytochemicals in several types of herbs, both greenhouse-grown and commercially produced. Then they used advanced computer modeling to predict how these phytochemicals would affect DPP-IV and PTP1B.

They found that rosemary and oregano both produced several strong inhibitors of the enzymes, which suggests that they could be used to help people with diabetes manage their condition. The herbs grown in greenhouses produced higher levels of these compounds than their commercially grown counterparts.

With type 2 diabetes now affecting an estimated 29 million Americans and on the rise world-wide, the prospect of an accessible, affordable option for therapy is exciting news.

Source: Journal of Agricultural and Food Chemistry, 2014; DOI: [10.1021/jf500639f](https://doi.org/10.1021/jf500639f)

THE OMEGA-3 AND BRAIN HEALTH

Fatty acids in fish oils work wonders for our hearts and our brains. Researchers from the University of Pittsburgh School of Medicine have found that a weekly meal of baked or broiled fish will improve your brain's health, even regardless of how many omega-3 fatty acids it has.

The study looked at data from 260 cognitively normal participants and analyzed their dietary intake in comparison to high resolution MRI scans of their brains. The findings concluded that people who ate baked or broiled fish once a week had larger areas of grey matter in the area in their brain that is responsible for memory and cognition

More than 6,000 lives could be saved a year if everyone in the UK between the ages of 50 and 65 took a daily aspirin to cut their risk of cancer, heart attack and stroke, new research has claimed.

PROBIOTICS AND BLOOD PRESSURE

Taking a probiotic every day for at least 8 weeks, either as a food or supplement, can lower your blood pressure, according to a new meta-analysis of all the evidence to date.

Writing in the prestigious Hypertension journal of the American Heart Association, researchers from Griffith University in Aus-

tralia analyzed 9 studies including 543 people. They found that probiotics lowered systolic blood pressure (the top and usually higher number on your blood pressure reading) by an average of about 3.6 mmHg, and lowered diastolic blood pressure (the bottom number) by an average of about 2.4 mmHg.

The greatest benefit was seen in people who had an elevated blood pressure to start with and who took at least 100 billion “colony forming units” or CFUs (a standard measure of bacteria) per day. However, studies in which people took probiotics for less than 8 weeks found no effect.

Source: Hypertension, 2014; doi: 10.1161/HypertensionAHA.114.03469

THE BENEFITS OF ASPIRIN

In the Latest Evidence of one of the cheapest and most widely used drugs – experts said that taking a daily dose for 10 years could be “the most important thing we can do to reduce cancer after stopping smoking and reducing obesity”.

Aspirin, which is already taken by many people to prevent heart attacks and strokes, has also been shown to reduce risk for a number of cancers, chiefly those of the digestive tract such as bowel cancer, stomach cancer and cancer of the oesophagus, or gullet.

How to Contact Your State Committee on Aging Representatives

County	Name	Email
Belknap	Pat Consentino	sel.consentino@tiltonnh.org
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Coos	Mark M. E. Frank	maxfra@aol.com
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However, there have been concerns that side effects including stomach bleeding and ulcers may counteract any benefits, and the drugs are not currently recommended for otherwise healthy people as a form of cancer prevention.

Now, in a new analysis of hundreds of previous studies, scientists from Queen Mary University have been able to weigh up the likely benefits against the risks that would occur if millions more people were to take aspirin for 10 years, between the age of 50 and 65.

Deaths from bowel cancer could be cut by 40 percent, esophageal cancer by 50 percent, and stomach cancer by 35 percent, they said.

Along with smaller reductions in the number of deaths caused by lung cancer, prostate cancer and breast cancer, as well as known benefits in reducing rates of heart attack and certain types of stroke, the overall number of lives saved per year would total nearly 7,000. However, nearly 900 additional deaths would be caused by aspirin’s negative side effects.

The findings will reignite the debate over whether more patients should be taking aspirins, which can be bought over the counter in the UK, amid concerns that the medicalization of society could discourage people from changing their lifestyles to prevent disease, and expose otherwise healthy people to dangerous side-effects.

Professor Jack Cuzick, who led the study, said that taking an aspirin was not an excuse for maintaining an unhealthy lifestyle and said patients should be consulting their GPs before embarking on a daily drug regime. However, he said that, overall, otherwise healthy 50-year-olds should consider aspirins “a good bet” to cut cancer risk.

Tech Tips

MORE ADVISE ON PASSWORD PROTECTION

Here are seven ways to fortify passwords:— Make your password long. The recommended minimum is eight characters, but 14 are better and 25 are even better than that. Some services have character limits on passwords, though.

- Use combinations of letters and numbers, upper and lower case and symbols such as the exclamation mark. Some services won't let you do all of that, but try to vary it as much as you can. “PaSsWoRd!43 “ is far better than “password43.
- Avoid words that are in dictionaries, even if you add

numbers and symbols. There are programs that can crack passwords by going through databases of known words. One trick is to add numbers in the middle of a word — as in “pas123swor456d “ instead of “password123456. “ Another is to think of a sentence and use just the first letter of each word — as in “tqbfjotld “ for the quick brown fox jumps over the lazy dog.”

- Substitute characters. For instance, use the number zero instead of the letter O, or replace the S with a dollar sign.
- Avoid easy-to-guess words, even if they aren't in the dictionary. You shouldn't use your name, company name or hometown, for instance. Avoid pets and relatives' names, too. Likewise, avoid things that can be looked up, such as your birthday or ZIP code. But you might use that as part of a complex password. Try reversing your ZIP code or phone number and insert that into a string of letters. As a reminder, you should also avoid “password” as the password, or consecutive keys on the keyboard, such as “1234 “ or “qwerty”.
- Never reuse passwords on other accounts — with two exceptions. Over the years, I've managed to create hundreds of accounts. Many are for one-time use, such as when a newspaper website requires me to register to read the full story. It's OK to use simple passwords and repeat them in

those types of situations, as long as the password isn't unlocking features that involve credit cards or posting on a message board. That will let you focus on keeping passwords to the more essential accounts strong.

The other exception is to log in using a centralized sign-on service such as Facebook Connect. Hulu, for instance, gives you the option of using your Facebook username and password instead of creating a separate one for the video site. This technically isn't reusing your password, but a matter of Hulu borrowing the log-in system Facebook already has in place. The account information isn't stored with Hulu. Facebook merely tells Hulu's computers that it's you. Of course, if you do this, it's even more important to keep your Facebook password secure.

- Some services such as Gmail even give you the option of using two passwords when you use a particular computer or device for the first time. If you have that feature turned on, the service will send a text message with a six-digit code to your phone when you try to use Gmail from an unrecognized device. You'll need to enter that for access, and then the code expires. It's optional, and it's a pain — but it could save you from grief later on. Hackers won't be able to access the account without possessing your phone. Turn it on

by going to the account's security settings.

CONCERNS OVER ELECTRONIC DEVICES AND VISION

A [recent study by Bank of America](#) shows that nearly half of U.S. consumers couldn't last a day without their mobile devices. It makes sense. Think about the first thing that you do in the morning. If you're like me, you're catching up on email before you even get out of bed. Then, you head straight to your computer at work and spend a majority of the day on it or using one of the many other digital devices that are available in today's increasingly-technological society.

But what if I told you that these electronics are emitting a dangerous blue light, which is negatively impacting not only your vision but also your overall health? It's true, and it's [a major concern for eye doctors](#) across the country.

First, let me be clear: I love technology, and I fully embrace it. I actually use a tablet and Google Glass (definitely a talking point with my patients!) as part of my exam process, because it allows me to spend more time engaging with my patients instead of having my back to them while I work at a computer. But just as I advise my patients to protect their eyes from the sun, I also advise them to take protective measures for their eyes when using digital devices.

Continual extended screen time can impact your eyes in two major ways. The first and most common

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side effect is digital eye strain. When we look at a screen, our blink rate drops significantly, and our eyes won't put up with that for too long without fuss. If you've ever experienced slightly blurry vision after staring at the computer all day, that was a sign of digital eye strain. Maybe your eyes feel dry, runny or tired after scrolling through your Facebook feed, or maybe you get a headache after a few hours on the computer. These symptoms are often so common that we don't even recognize them as real issues. While digital eye strain is temporary, if left unaddressed, it can turn into a chronic problem.

The easiest way to address digital eye strain is to blink more. That might sound overly simple, but blinking helps to keep eyes lubricated. Another effective way to avoid or help to resolve digital eye strain is to follow the "20-20-20 Rule" -- every 20 minutes, stare at something at least 20 feet away for at least 20 seconds. This exercise engages your distance vision and helps the eye to "reset."

The second -- and more serious -- impact that too much technology consumption can have on our eyes is damage from blue light exposure. Blue light is just what it sounds like -- it's a type of light that gives off a blue color. Blue

light is harmful, because it's the highest energy wavelength of visible light. This energy is also able to penetrate all the way to the back of the eye, through the eyes' natural filters, and that's the [problem](#).

Even though blue light is nothing new, the biggest issue is the amount of blue light exposure that we get each day through digital device use. With this exposure increasing over time, we are actually causing permanent damage to our eyes. But unlike digital eye strain, the effects of blue light are cumulative and can lead to eye diseases like macular degeneration.

Children are especially at risk when it comes to the negative effects of blue light exposure. These days, a lot of homework is done online, and many children have access to (or have their own) digital devices that they are using for increasingly longer periods of time. The difference for children is that their eyes are still developing, and they don't yet have the protective pigments in their eyes to help filter out some of this harmful blue light. That's why, just like with UV radiation, most blue light exposure occurs before kids are 18 years old.

While it may be a great concern for children, adults are susceptible, as well. This is especially true as

adults are using digital devices more and more in both their personal and professional lives. So what can you do about it?

First, you can take steps to protect your eyes from the harmful effects of blue light. If you're not able to limit your digital device use, at least cut back on it before bed.

Studies show that exposure to blue light a couple of hours before bedtime actually suppresses melatonin and delays deep REM sleep [significantly](#). So cutting back on tech use at night means getting better sleep, making people more productive at both work and school (and speaking from my own personal experience, it makes children more pleasant).

Second, you should consider talking with your eye doctor about lenses that filter out blue light (and no, these aren't the old bright orange blue-blocker eyewear from the '90s). The lenses have little-to-no tint and can help to minimize the direct blue light exposure that you get throughout the day. Most of my patients who have these lenses noticed an immediate increase in eye comfort because of the improved contrast, which helps to relax the eyes. And if you have children, I would absolutely recommend these lenses -- especially if they have trouble sleeping at night.

By keeping in mind a few simple ways to protect the eyes, we can take pleasure in knowing that our eyes will last much longer than our trusty smartphones, tablets and computers

Dr. Matthew Alpert, Huffington Post

(Editor's note: Our thanks to William R (Bill) Quinn of Disabilities Rights Center, Inc. for this information)

Dollars & Sense

ELDER CARE ISSUES SHOULD BE PART OF THE CONVERSATION

Not long ago, Michelle Singletary focused one of her weekly chats on elder care. Joining her was Tim Prosch, author of "The Other Talk: A Guide to Talking with Your Adult Children About the Rest of Your Life."

Here's an edited transcript of that conversation.

Q: When is it time to move to a retirement home?

Prosch: The time to consider moving to a retirement home is when you obviously are no longer able to handle your day-to-day activities, but it's important to think about more than just yourself. This really needs to be a family discussion. As you consider the retirement home decision, you should also look at your alternatives such as in-home care, or living with your kids or friends, and then finalize your decision when you sit down to have the other talk.

Singletary: Seniors often take a stand that they "won't" do one thing or another when it comes to their living situation. But your decision can impact a lot of people,

especially family who will be helping to take care of you.

Q: What are the pros and cons of living with your adult children as you get older?

Prosch: As I learned with my own family growing up with my great-grandparents in the same home, there are many benefits to sharing your lives together. But there are also responsibilities and potential for conflict. So I suggest before you make this move that you sit down and ask some very practical questions. How will the finances work? What are the guidelines for using different parts of the house? Who is responsible for food, for housekeeping? What responsibilities do the grandparents have for the kids? How do you and your spouse maintain a healthy marital relationship? There are many things to consider, but it can work and be a very fulfilling experience.

Q: How much should you let your adult children know about your investments and finances?

Prosch: The fact is your financial situation [may] end up in your kids' lap eventually, so it's incumbent upon you to sit down now and take them through your financial situation and discuss how you want to manage it from now until the end. I would even encourage you to introduce them now to your financial advisers so they know who to talk to when it's time for them to begin to take over that responsibility.

Singletary: Your adult kids don't have to be "involved" in investments or choosing what you invest in or how you save. But you

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should, as you get older, think about sharing what you have that can be used to take care of you should you need to pay for long-term care.

Q: While the importance of having "the other talk" is clear to me, what would you suggest are the most important specific "outcomes to achieve"? I would imagine, for example, that the first talk would just lay the foundation for having a series of different talks about specifics such as medical directives, long-term care, etc. Are we talking about having multiple talks with one's kids so as not to bite off too much in any one conversation, and if so, which topics come first and which ones come later?

Prosch: There is a lot to cover and you don't want to overwhelm your

kids initially. Begin to establish the partnership between your kids and yourself. I hear many aging parents tell me "I don't want to do this because I'm losing control." The point of the "other talk" concept is that you are not losing control; you're sharing control.

The talk is not a one-time event. It is something you should do every year because things change. Your health changes, your finances change, your kids' jobs change, and your opinions expressed in that first talk may change. So it's important that you maintain the dialogue by sitting down annually and going through the talk."

Q: When should you start having the other talk with your adult children?

Prosch: I almost learned this the hard way when in the middle of writing "The Other Talk" my wife and I took a trip to Italy. Toward the end of our stay we ended up renting a sailboat. A boom slammed into me from the back, which is the last thing I remember. When I came to in the hospital I couldn't move, I couldn't speak, but I could think, and I thought, "My God, I'll never have the other talk with my daughter." My message to you is: Don't wait, have the other talk now.

*Michelle Singletary
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TAX GUIDE FOR HEALTH CARE ASSISTERS

The Center on Budget and Policy Priorities (CBPP) has just released a helpful new resource: *Health Care Assister's Guide to Tax*

Rules. Because the health reform law changed the way Medicaid and CHIP determine eligibility for most beneficiaries to align with how eligibility for premium tax credits is determined in the marketplaces, all three coverage programs determine a household's size and income using tax rules.

The CBPP's guide is intended to help assisters become familiar with those various tax rules. Here is a link to the guide:

<http://www.healthreformbeyondthebasics.org/wp-content/uploads/2014/07/The-Health-Care-Assister-Guide-to-Tax-Rules.pdf>

ServiceLink Focus

GETTING MEDICAID FOR A LOVED ONE

Have you ever needed to know how one applies for Medicaid for their parent?

The best place to start is with your local ServiceLink office. Each office has staff who can screen for Medicaid eligibility, explain the next steps, and guide you through the process.

Often spouses or adult children are looking for Medicaid to help with on-going daily care needs because their spouse or parent is struggling or can no longer meet their own care. Because Medicare does not provide coverage for these on-going needs, individuals or families will turn to Medicaid to help provide supports for these long term care needs whether in the

home, an assisted living or a nursing home.

It is important to remember that Medicaid is a medical based care program. To obtain services in the home (called the Choices for Independence program) or coverage of a nursing home the individual who needs care **must meet both financial and medical eligibility.**

Current Medicaid long term financial eligibility limits in the State of NH are: gross monthly income is \$2163.00 or below and resources are \$2500.00 or below. Resources are considered anything with a cash value.

The process of filing for Medicaid will involve obtaining documents to verify this information and meeting with a representative from the Division of Client Services. Medical eligibility is based on the individual meeting what is called a nursing home level of care standard. The State of NH assigns a nurse who visits the applicant assessing the medical needs of this individual.

The above explains **very** basic information about the requirements and eligibility for long term Medicaid. The application process can be daunting. Each situation can be very different especially if spouses are involved. Calling the local ServiceLink office will connect you to staff that can answer your questions and provide guidance through the process. Each office has a representative from the Division of Client Services available by appointment to conduct the Medicaid financial eligibility so

you can move through the process all in one place!

If you have questions about long term care Medicaid, and/or want to find out about other services and resources available in your area, call ServiceLink at 1-866-634-9412 or go to www.servicelink.org.

The ServiceLink Aging and Disability Resource Centers are the New Hampshire link to information and support services within the community. ServiceLink centers are located in each county to help all people including older adults, disabled adults, and caregivers find the information, and resources they need to make informed choices and live independently.

Laugh & Live Longer

EMBARRASSING MEDICAL EXAMS

At the beginning of my shift I placed a stethoscope on a deaf female patient's anterior chest wall. "Big breaths," I instructed.

"Yes, they used to be," replied the patient.

Dr. Richard Byrnes, Seattle, WA

DISORDER IN THE COURTS,

From a book of things people actually said in court!

Attorney: This Alzheimer's, does it affect your memory at all?

Witness: Yes.

Attorney: And in what ways does it affect your memory?

Witness: I forget.

Attorney: You forget? Can you give us an example of something you forgot?

Attorney: Now doctor, isn't it true that when a person dies in his sleep, he doesn't know about it until the next morning?

Witness: Did you actually pass the bar exam?

Attorney: Can you describe the individual?

Witness: He was about medium height and had a beard

Attorney: Was this a male or a female?

Witness: Unless the Circus was in town, I'm going with male

MORE USELESS TRIVIA

In those old days, they cooked in the kitchen with a big kettle that always hung over the fire.

Every day they lit the fire and added things to the pot. They ate mostly vegetables and did not get much meat. They would eat the stew for dinner, leaving leftovers in the pot to get cold overnight and then start over the next day.

Sometimes stew had food in it that had been there for quite a while.

Hence the rhyme:

"Peas porridge hot, peas porridge cold, peas porridge in the pot nine days old."

Sometimes they could obtain pork, which made them feel quite special.

When visitors came over, they would hang up their bacon to show off.

It was a sign of wealth that a man could, "bring home the bacon."

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

They would cut off a little to share with guests and would all sit around and chew the fat.

Those with money had plates made of pewter.

Food with high acid content caused some of the lead to leach onto the food, causing lead poisoning death.

This happened most often with tomatoes, so for the next 400 years or so, tomatoes were considered poisonous.

Bread was divided according to status.

Workers got the burnt bottom of the loaf, the family got the middle, and guests got the top, or the upper crust.

Purposeful Living

For over 7 years, Bobbie and Tuck Gilbert worked tirelessly to bring to fruition their vision of a local “aging in place” organization that makes it possible for older adults to live independently in their own homes for as long as possible.

Now completing its fourth year of operation, Monadnock at Home (MaH) is the fruit of their labors.

Bobbie and Tuck realized that bringing an “aging in place” model to a rural area required innovation. They developed a “local coordinator” concept that would bridge the differences among the many small towns served and would help to knit unique communities together.

Their wisdom and clarity of purpose led them to a lasting solution that relied on a broad base of support and their persuasiveness resulted in dozens of other volunteers united in a common effort. This approach not only achieved the organizational goal but also challenged fellow volunteers to grow in ways they wouldn’t. The encouragement and leadership they provided made it possible not only for the initial but the ongoing success of Monadnock at Home.

The Gilberts are exceptional leaders but also are willing to “get down in the trenches,” attending to whatever details it takes to meet the next objective and goal. Their

persistence is truly remarkable – whenever roadblocks threaten to halt progress, they work with new ideas until they find a way around or through obstacles. They do it all with a calm demeanor and a well-timed sense of humor.

Even now that Bobbie has stepped down from two years as the founding Chair of the Board of Directors, she continues to lead the effort to recruit additional members to the organization, which has doubled in size since its founding in 2010.

Although Tuck has stepped down as one of the founding Directors, he continues to play a key role in organizing social and educational programs, serving on the personnel committee and chronicling the many events and outings as pho-



Tuck and Bobbie Gilbert

tographer. Together the two of them remain engaged in sustaining and enhancing MaH.

Because of their vision and foresight, there are now over 125 people in the eastern Monadnock region who enjoy their lives with peace of mind, knowing that help is just a phone call away when they need it. Bobbie and Tuck never take credit for the incredible accomplishment of creating MaH but instead praise the work done by others.

Board Notes

A REMINDER TO ALL VOTERS

If you haven't been able to tell by the increased number of polling calls you are receiving, the pre-election season has begun. This is NH and we expect to get to know the candidates, the **real** candidates.

We appreciate that people running for public office have been given talking points, party platform positions, instructions based on polls, demographics, social, economic, political, emotional and other guidelines. But, we have our own real concerns that are as valid and important!

So here are our thoughts and shared experiences on how to get straight answers and make campaigns teachable moments:

1. Always ask open-ended questions, rather than questions

which can quickly be answered with a "yes" or "no" response.

Open-ended questions generally start with "What", "How", or "Why", and allow the candidate to provide a more expansive answer that helps you better understand their ideas and positions.

For example, "I know that you are aware that NH has one of the oldest populations in the country. What are the key policy issues you would pursue to . . . (Chose one: insure economic security, enhance community living options, improve access to geriatric health care, create affordable housing options, or insert your own topic) . . . if you are elected?"

Open-ended questioning helps to create a teachable moment. And, if the candidate's prior coaching hasn't provided enough background or education on your issue of interest, you can be sure there will be a scramble by the campaign to correct the situation.

2. Never allow a candidate to redirect the question.

If a candidate answers an open ended question by asking you about your concerns, say

"This is my opportunity to hear your thoughts, so please be specific."

Candidates use redirection when they do not know the answer or think you may not like their response. The tactic in our example is used to make you feel comfortable that you're being heard, understood and supported in order to

gain your vote. In fact, that is perhaps the **only** goal!

3. Don't allow a non-answer to slip by.

If your question is about apples, and the response is about oranges, or worse, hotdogs, say

"I appreciate your response, but it doesn't quite address my question which was . . . Could you outline what steps you would take?"

This approach is an effective tool to create focus on your concern.

In a public forum, you might also pique the interest of the media covering the event, providing you an opportunity for broader public education about the issues important to you.

4. The numbers game:

By now you know all political campaigns and activity are based on numbers. So take a page from their play book.

Get together with some friends. Decide on a few key questions, following these guidelines. Next, attend campaign events and pose your queries. Modify the questions if the response is too broad or doesn't help you get a clear picture of the candidate's ideas.

Continue attending events; it's ok to keep asking the same candidate, the same question. Nothing gets more attention than repetition. The candidate's responses may evolve overtime, as they become more familiar with your concerns.

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Finally, please share your questions and responses with us and others. Many others may share your concerns and will appreciate your experience. Remember, when an issue is regularly raised across many different forums and in many different communities, it gains priority and importance. Smart candidates will incorporate your concerns into their regular primary/election addresses.

Midterm elections are notorious for low voter turnout. Those that do turn out often can reflect a minority position that becomes the new norm by default. Now, with the current highly negative image of our political system, it's time for us to take our power back.

Raise Your Voice!

EngAGING NH
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Bedford, NH 03110

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