ENGAGING NH NEWS

ENGAGING NH
A Citizen Voice for the Aging Experience

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EngAGING NH
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GUEST OPINION:

Don't Slip Up!

(Editor's note: September if Falls Prevention Month. The following article is from Stopfalls.org. The site includes these statics: More than 40% of people hospitalized from hip fractures do not return home and are not capable of living independently again; 25% of those who have fallen pass away each year; and on average, two older adults die from fall-related injuries every day in California. The material, which we are encouraged to download or copy also reminds that this isn't all you need to know, but it offers a starting point for some of the most important information necessary to prevent falls.)

Falls can result in hip fractures, head injuries or even death. In many cases, those who have experienced a fall have a hard time recovering and their overall health deteriorates.

In California alone, 1.3 million older adults experience an injury due to falling. A person is more likely to fall if s/he is age 80 or older or if s/he has previously fallen. Over time people may feel unsteady when walking due to changes in physical abilities such as vision, hearing, sensation, and balance. People who become fearful of falling may reduce their involvement in activities. Also the environment may be designed or arranged in a way that makes a person feel unsafe.

The good news is that with adequate knowledge, falls can be prevented.

How Can We Prevent Falls?

Researchers have identified that the most effective fall prevention programs have many components. First a person needs to understand what may put them at risk for falling. Some risks can be reduced. Medical providers can help to identify risks and develop a plan. Specific physical activity can target reduce fall risk by increasing balance and mobility skills. Also changes to the home and community environment can reduce hazards and help support a person in completing daily activities. While this is not a comprehensive list of fall prevention strategies, it's a good place to start:

The good news is that with adequate knowledge, falls can be prevented.

Medical Management (Risk Assessment and Follow-up)

The first step is to talk with a health professional about getting a risk assessment

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for falling. During routine doctor visits, ask the doctor about your risk of falling. Some of the health factors that can contribute to falls are osteoporosis, being over age 80, changes in balance and walking patterns, changes in vision and sensation, and taking multiple medications. Certain medications cause older adults to experience dizziness. Once you have an idea of some of the risks and how you might be affected, you can work with your doctor, other health professionals, and your family to determine what factors can be modified to reduce your risk.

Balance & Mobility (Physical Activity)

Studies show that balance, flexibility, and strength training not only improve and mobility, but also reduce the risk of falling. Statistics show that most older adults do not exercise regularly, and 35% of people over the age of 65 do not participate in any leisure physical activity. This lack of exercise only makes it harder for individuals to recover after a fall. Many people are afraid of falling again and reduce their physical activity even more. There are many creative and low-impact forms of physical activity for fall prevention, such as tai chi.

Environmental Modification

The environment can present many hazards. At home older adults are commonly concerned about falling in the bathtub or on steps. In the community there can be trip hazards such as uneven or cracked sidewalks. By making changes to the home and community environment a person can feel

Check Your Risk for Falling

Please circle "Yes" or "No" for each statement below.

I have fallen in the last 6 months. Yes (1) No (0)

People who have fallen once are likely to fall again.

I use or have been advised to use a cane or walker to get around safely. Yes (1) No (0)

People who have been advised to use a cane or walker may already be more likely to fall.

Sometimes I feel unsteady when I am walking. Yes (1) No (0)

Unsteadiness or needing support while walking are signs of poor balance.

I steady myself by holding onto furniture when walking at home. Yes (1) No (0)

This is also a sign of poor balance.

I am worried about falling. Yes (1) No (0)

People who are worried about falling are more likely to fall.

I need to push with my hands to stand up from a chair. Yes (1) No (0)

This is a sign of weak leg muscles, a major reason for falling.

I have some trouble stepping up onto a curb. Yes (1) No (0)

This is also a sign of weak leg muscles.

I often have to rush to the toilet. Yes (1) No (0)

Rushing to the bathroom, especially at night, increases your chance of falling.

I have lost some feeling in my feet. Yes (1) No (0)

Numbness in your feet can cause stumbles and lead to falls.

I take medicine that sometimes makes me feel light-headed or more tired than usual. Yes (1) No (0)

Side effects from medicines can sometimes increase your chance of falling.

I take medicine to help me sleep or improve my mood. Yes (1) No (0)

These medicines can sometimes increase your chance of falling.

I often feel sad or depressed. Yes (1) No (0)

Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.

Total_____

Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling. Discuss this with your doctor. *Center for Disease Control and Prevention.*

safer and less at risk of falling. For example, the bathroom can be modified by install grab bars as in the shower or tub, having a place to sit, and having non-slip surfaces. Steps can have handrails, adequate lighting, and contrast between steps. Community sidewalks in disrepair can be reported to city officials for repair.

http://stopfalls.org/what-is-fall-prevention/fp-basics/

NH Updates

FALLS PREVENTION GRANTS

As part of the White House Conference on Aging, the Administration on Aging (AoA), a component of the Administration for Community Living, announced the award of $4 million in new grants to significantly expand falls prevention efforts.

The funding will reach communities in seven states over the next two years, expanding the reach of AoA's falls prevention efforts to more than 18,000 additional older Americans. The grants will both increase participation in evidence-based community programs to reduce falls and falls risk, and also improve the programs' long-term sustainability.

The grants that will be awarded include *Dartmouth Center for Healthy Aging, Dartmouth-Hitchcock Medical Center & Dartmouth-Hitchcock Health (ACO), NH.*

NEW INSURANCE RULES IN PROCESS

The NH Insurance Department (NHID) is in the process of revising NH's network adequacy rules which establish the minimum standards for Managed Care health plan provider networks.

As part of the process, the NHID has created a Network Adequacy Working Group which has been regularly convening since April 2014. The Department is currently deciding what the new framework will be and expects to begin the formal rule-making process this fall.

If you are interested in the details, go to: http://nhvoicesforhealth.org/sites/default/files/Fi-ground-er%20Stakeholder%20Input%20Call%207.23.15.pdf

NH E- ZPASS ACCOUNTS

Effective September 1, 2015, in accordance with RSA 237:11, the toll discount (30% for passenger vehicles and 10% for commercial vehicles) shall only be applied to NH customer accounts when a valid NH transponder is read in the toll lane. The toll discount will not be applied when a customer's transponder does not read in the toll lane. In this instance, the license plate image will be utilized to charge the toll to the customer account. Due to the additional costs incurred by the Department associated with these types of transactions, any tolls posting to customer accounts based on a license plate image will be at the full toll rate.

Transponders failing to read can be caused by the following:

- Transponder is not properly mounted in the vehicle.
- Transponder battery life is exhausted. (Battery life is typically 8 to 10 years)
- Transponder is damaged.

Customers with transponder(s) that exceed nine years of age (transponder number G3B*02600300850 or lower) are encouraged to test and/or replace their transponder(s) to ensure high performance and most efficient and cost-effective toll transactions.

If you notice several license plate transactions (listed within the "TAG NUMBER/PLATE") on your E- ZPass statement or E-ZPass account transaction history, your transponder may not be reading in the toll lane; therefore please bring the transponder to an E- ZPass Walk-In-Center to have the battery tested. The E-ZPass Walk-In-Centers can be found at https://www.ezpassnh.com/en/about/csc.shtml. If the battery is depleted, the staff at the E-ZPass Walk-In-Center locations can assist you with obtaining a new transponder. The current cost to replace an interior transponder is $8.90 and $15.19 to replace an exterior transponder.

Transponders no longer in use should be returned to an E-ZPass Walk-In-Center or mailed to New Hampshire Customer Service, P.O. Box 52011, Newark, NJ 07101-8211 for proper disposal as the battery contained within the transponder is deemed hazardous.

If you have any questions concerning your account, please do not hesitate to contact our customer service center at 1-877-643-9727 or visit one of our walk-in centers.

From Our Readers

We have a 50th class reunion this weekend, that I plan to take a copy to with info on how to get it. Great issue.

MS

TRANSITION

I am writing to let you know that I am planning to leave my position as Executive Director of the Council and retire from State Government, effective September 11th.

I have worked in several capacities within state government for over 20 years, about 12 with the Council. A change feels right at this point in my life. I have accepted a position as Executive Director of Senior Solutions, the Area Agency on Aging for the southeastern Vermont region. I am looking forward to working closer to home, but in a different political culture that I expect will be very interesting.

I have found my work with the Council to be extraordinarily rewarding, and I am very grateful to have had the opportunity to be involved in the development of many programs, laws and policies that have made life better for many people and promoted greater societal understanding and acceptance of human differences. It has been especially rewarding to help people with disabilities, families and those who support them find their voice and develop into effective advocates and leaders.

I cherish the spirit of collaboration that has characterized my work with other advocates and enabled us collectively to do some amazing things that would have otherwise been impossible. I will miss you!!!

In Gratitude,

Carol Stamatakis

(Editor's Note: Carol has been a strong supporter of ENH, from providing meeting space to hosting our website. While we are sad

Handy Guide to help with all that medical miracle hype:

✂ CUT OUT AND TAPE NEAR YOUR COMPUTER OR TV

BREAKING NEWS CONSUMER'S HANDBOOK

Health News

1. Watch out for single source stories. They're usually based on a press release, which will have a hidden agenda.
2. Beware of stories that don't mention cost. It's crucial information. (If the cost of the great, new treatment is out of reach — it's not that great, is it?)
3. Headline percentages are misleading. If something "reduces your risk of X by 50%," chances are that number doesn't mean what you think it means.
4. If it sounds too good to be true, it probably is. If a report presents only or primarily the benefits of a new treatment, it's a bad report. ALL healthcare interventions have trade-offs.
5. Patient anecdotes are not data. Beware of stories that rely on them. Anecdotes are used to compensate for data that are unavailable or flawed.
6. A "simple screening test" is never simple. The decision to take one is one of the most complex and difficult decisions a health consumer can make.
7. Watch for hyperbolic language. "Breakthrough," "first-of-its-kind," and "game-changer" are red flags. When you read "it may become..." substitute "it may not become."
8. Newer isn't always better. Often the latest test, treatment, or procedure is no better than what already exists, just more pricey.
9. Beware of disease-mongering. Risk factors, symptoms for diseases, or data can be exaggerated in a way that causes needless worry, and expense.
10. The latest treatment may not exist yet, or ever. "Awaiting FDA approval" or "in pre-clinical trial phase" means it's still a pipe dream.
11. There is a leap from mice to men. Getting from rodent trials to human use is a very, very long road, that may in fact lead nowhere.

ON THE MEDIA ONTHEMEDIA.ORG

to lose her talents in NH, we wish her every success in VT.)

News You Can Use

BETTER COMMUNICATION HELP COUPLES AFFECTED BY ALZHEIMER'S

As Alzheimer's disease progresses, cognitive impairment can take an ever greater toll on communication and relationships. A new study identifies patterns of communication that can help couples affected by Alzheimer's maintain a sense of connection, which could improve quality of life for both partners.

Previous research on communication in couples affected by Alzheimer's has tended to focus on deficits, said study author Christine Williams, professor and director of the PhD in Nursing program at Florida Atlantic University's Christine E. Lynn College of Nursing. Identifying patterns that help couples maintain their bond could make it easier for caregiving spouses to find meaning and improve satisfaction with their marriage.

"No one is looking at it from the perspective of what these couples are doing right, what is helping," said Williams, whose findings were published in the International Journal for Human Caring. "Some past research has involved a caregiver giving directions and seeing if his or her spouse [with Alzheimer's] can follow. A relationship is obviously so much more than that."

Members of Williams's research team visited 15 couples in their home once a week for 10 weeks. The couples, who were recruited from a day program for people with memory disorders and their spouses, were receiving coaching in communication, with caregivers learning to listen, to avoid arguing, to not treat their spouse like a child. Twice during the 10 weeks, the couples were asked to discuss a topic of their choosing while the researcher left the room. A total of thirty 10-minute conversations were recorded.

In analyzing the recordings, Williams identified 10 communication patterns that caregiving spouses used to connect with their partners and show affection. These patterns showed the caregivers applying what they'd learned through coaching in creative ways, she said. They included sharing news about friends or relatives or plans for the day as a way to involve their spouse in day-to-day events; waiting patiently and keeping eye contact while spouses searched for words; and finding alternate ways to communicate — for example, singing songs together when attempts to engage the spouse in certain topics failed.

The caregiving spouses seemed to value their partners' efforts to communicate as much as or more than the actual content of their conversations. They were willing to listen to stories they had heard before, and resisted correcting their partners' versions of past events. This showed that they "value the relationship more than being right," Williams said.

Some of the caregivers did voice frustration or tried to teach their partners information they had forgotten. Future research might focus on interventions that could help diffuse these frustrations, the paper noted. Yet Williams hopes that the more supportive and positive communication patterns that many of the caregivers showed will help nurses coach spouses and family members affected by Alzheimer's. Previous research has found that communication decline among people with dementia is a significant source of stress to caregivers, and most say they need education about communication.

"The reality is, a person with dementia isn't going to have a dramatic breakthrough and remember things forgotten," Williams said. "At the same time, people with Alzheimer's do have moments of clarity or show affection when it's unexpected. These are moments that caregivers can cherish."

Ami Albernaz Boston Globe, 8/10/15

URBAN LEGENDS

Aluminum Pots Can Cause Alzheimer's?

No, don't throw away your aluminum pots just yet. Authoritative scientific bodies, such as the Na-

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tional Institute on Aging and the Alzheimer's Association, have looked at the 'Aluminum Hypothesis' over many years but still found no evidence supporting it. Yet the belief persists that aluminum causes Alzheimer's.

Why? A recent review article (Lidsky, 2014) acknowledged that the Aluminum Hypothesis has been rejected by mainstream science but concluded that there are reasons why this Urban Legend persists: "Because science cannot explain how AD develops and, more important, offer no effective treatment, the Aluminum Hypothesis, because it would afford a strategy for avoiding AD, remains attractive... It is likely that the Aluminum Hypothesis will continue until the causes of AD are better understood and effective treatments become available."

H.R. Moody, Teaching Gerontology, 8/3/15

RETIREMENT PLANNING IS MORE THAN MONEY

In a recent column, I wrote about how workers handle the departure of a colleague, looking largely at the psychological impact of losing a friend at work.

Several readers responded to that column by asking: What about people who retire? What about the emotions and changes they experience after leaving the workforce?

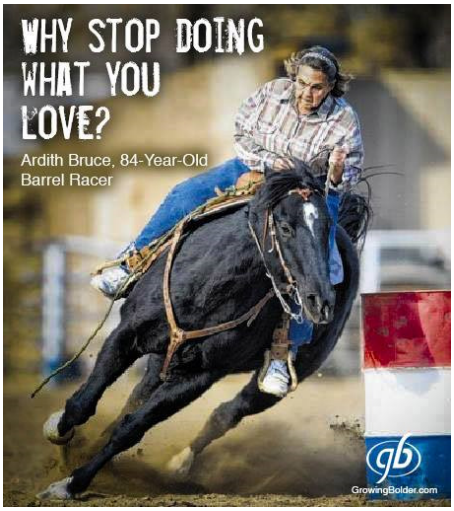
One reader wrote: "I retired three years ago and experienced some dramatic emotional changes. … When you consider retirement, you are often frustrated with being hassled by visitors to your office, constant calls or emails. Then there is that one Monday morning when no one cares what you think."

This wasn't an issue I had thought about, for the column or for myself. I always imagined that, when the day arrives, I would simply retire, adopt the title of America's Most-Beloved Workplace Advice Columnist Emeritus and relax.

Like many people my age — I'm 44 — I've focused on the financial steps necessary to one day be able to retire but never considered that emotional and psychological preparation is also necessary.

"People really fail to think about retirement," said Jill Steinberg, a California-based clinical psychologist who focuses on the psychology of retirement. "They don't actually think about what they're going to do and what retirement will look like. So people fail to plan or ask themselves, 'What am I going to do with my time?'"

Based on her research and extensive interviews with retirees, Steinberg launched myretirementworks.com, which houses a wealth of information and resources to help people chart a path to a happy retirement.



And that charting should begin many years before you even nail down a retirement date.

"Some people say you should start thinking about retirement as soon as you start working," Steinberg said. "Not just the finances. How you lead your life is going to affect how you retire. Start thinking early on in your life. Other people who were successful in retirement said it took them at least 10 years."

There was a time when we viewed retirement more generically: You work up until a certain age, then you retire and play golf or tennis or you just sit around and savor your golden years.

But now people are living longer, and many retire in excellent health and with considerable drive to pursue other goals. So that has made retirement a much more individualized experience.

"There are those few people who are ready to retire, and they retire on a given day and they're done and they're fine with that," said Kenneth Shultz, a psychology professor at California State University at San Bernardino. "For most people, though, there has to be some bridge or transition from working full time to not working at all."

Some will start to cut back their hours in the years leading up to retirement, giving themselves time to launch other endeavors, anything from taking college courses to seeking part-time work in other fields or exploring volunteer opportunities.

"That's why it's so important to start thinking about it ahead of time," Shultz said. "If you are able to get a phased type retirement or bridge employment, that helps you start to check out other options of what other things you might enjoy."

Steinberg agreed that a slower transition to retirement is ideal.

"Don't just go cold turkey," she said. "Some people have said they made a 10-year plan that involved eventually taking a position with less responsibility so there was time to start taking classes and planning. Someone else took on some positions in volunteer work that fit with her passion so when she retired she had that waiting for her."

More than ever, our identities are wrapped up in what we do for a living. Even if you've nailed down what Shultz calls the "health and wealth" aspects of retirement preparation, your sense of self has to be prepared for a significant change.

"Being identified by our work, our sense of self and who we are, it's hard to be in your home and not have someone call you or not get that respect you're used to," Steinberg said. "That's why the word 'retiring' doesn't mean what we used to think. Someone who is working part time can still be retiring. It's a gamut. Retirement is a whole range of things now. Some of the people I've interviewed did not call themselves retired even though they were working a fraction of the time that they were working before. Other people didn't even know when they stopped working. It was a transition, not something black and white."

The overarching point here, I believe, is that we should be looking ahead, even if the point we're looking toward seems remarkably distant. And we should recognize that there are no right or wrong ways to retire. You have to do what makes you feel satisfied and whole and not feel constrained by anyone else's perception of what retirement should look like.

If you want to work up until a certain day and then drop everything and play golf, go for it. If you want to keep working, even if it's fewer hours or even for less pay, go forth and prosper. If you and your spouse want to travel the world and have the resources to do so, have a blast, and please bring me some souvenirs.

Volunteer. Start a business. Write a book. Do whatever is in your heart.

But recognize, no matter what age you are, that finding what's in your heart doesn't always come easy. It takes self-reflection and planning. There's no time like the present for that.

Rex Huppke, Union Leader, 6/8/15

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

SOARING STUDENT DEBT THREATENS AMERICANS OVER 60

The popular idea of what retirement involves, as long as you're healthy enough to enjoy it, can sound a bit like an extended vacation: golfing, fishing, sitting around drinking iced tea while discussing the latest books with a group of like-minded friends, traveling to visit the grandchildren or places you've always yearned to see.

Nowhere in those scenarios is there any mention of writing a monthly check to pay off a student loan.

Here's a reality check. Over the last 10 years, it is Americans over the age of 60 who have seen their student loan debt grow at the fastest rate of any demographic group, according to data from the Federal Reserve Bank of New York.

By 2014 that sum had hit $58bn, up from a mere $6bn in 2004. The increase in borrowers over the age of 40 taking out new student loans was nearly twice the increase in borrowing by their younger counterparts over that period.

That's not great news, because Americans in their 40s, 50s and 60s have much less time to repay those loans and try to save for their other big financial goal – retirement. Senior citizens are ending up retiring while still owing substantial sums in federal student loans. And since those amounts cannot be discharged even in bankruptcy proceedings, the consequences are painful.

Some retired borrowers are finding that the government is looking to the social security payments on which they rely to buy food and pay rent in order to recoup some of that debt. To read more, go to:

http://www.theguardian.com/money/us-money-blog/2015/jul/05/student-debt-retirement-funds

UPDATED GUIDE FOR PROBLEMS IN NURSING HOMES AND HOW TO RESOLVE THEM

Justice in Aging recently released an updated guide for consumers: 20 Common Nursing Home Problems and How to Resolve Them. The guide includes strategies to deal with the most common problems found in nursing homes. Some of the common problems include: substandard or inappropriate care, disregard for patient preferences, improper use of physical restraints or behavior-modifying medication, excessive charges, and more.

In order to receive the best possible quality of care, a nursing home resident or resident's family member should be familiar with the protections of the federal Nursing Home Reform Law. The newly updated guide helps consumers and advocates navigate the legalities of nursing home practices, and offers practical tips on how to resolve issues that come up. For example, in a case where restraints are recommended by the facility but the resident does not believe them to be necessary, the guide explains how the resident or their representative can work to resolve the issue through a care planning meeting.

Justice in Aging is a national non-profit legal advocacy organization that fights senior poverty through law. Formerly the National Senior Citizens Law Center, since 1972, Justice in Aging has worked for access to affordable health care and economic security for older adults with limited resources, focusing especially on populations that have traditionally lacked legal protection such as women, people of color, LGBT individuals, and people with limited English proficiency.

To get the guide, click or paste:

http://www.justiceinaging.org/20-common-nursing-home-problems/?utm_source=MedicareRights&utm_medium=website&utm_campaign=20%20Common

Health & Wellness

GET THE BEST CARE FROM YOUR DOCTOR, GET INVOLVED IN DECISIONS AND LEARN WHAT COULD GO WRONG

Have you ever wondered if your doctor is giving you the "right" advice? You are smart to consider this. In many cases, doctors *don't* provide the best recommendations. This is an uncomfortable truth about health care that people tend to learn the hard way. The story usually goes like this: You get sick or otherwise put your health care to the test. You suffer through sub-optimal health care and learn first-hand about the pervasive flaws. And so you slowly become a savvier wrangler of the health care system, which is sometimes called being an engaged and empowered patient The Benefits of Anticipating Health Care's Flaws, As a doctor who has studied health care quality, it pains me to see people routinely going through this rocky path to better understanding health care. If you anticipate the flaws ahead of time, you can:

Be equipped to get better health care for yourself and your loved ones.

As in, you'll get more health care that's likely to help you reach your health goals. And you will minimize health care that's likely to be useless, risky or a drain on your time or wallet.

Help make the health care system better for everyone.

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
State Reps & Senators		
Cheshire	Rep. Susan Emerson	semerson435@aol.com
Cheshire	Sen. Molly Kelly	molly.kelly@leg.state.nh.us

As you and enough other people become able to identify and insist on better health care, you'll help speed up sorely needed improvements in how the system delivers care to patients.

It's not surprising that most people are unaware of the flaws of health care. Many people I know tend to kind of ignore their health until something feels wrong ("What *is* that nagging pain?") or definitely *is* wrong ("Yikes, I just pooped blood!"). Despite all their years of education ... doctors often don't provide you with optimal medical recommendations the first time around. Plus, it can feel a little depressing to think about all the pitfalls and problems in the health care system. We want to feel like our doctors and hospitals are equipped and ready to take great care of us.

I don't want you to stress too much about what might go wrong when you go see the doctor, or get hospitalized. But it's just smart to learn more beforehand. And it might even help you prevent some health disasters.

What a Better Medical Recommendation Looks Like

1. When you see a doctor to get advice about your health, the physician usually ends up providing you with a recommendation on how to manage your health concern. But here's an uncomfortable truth: Despite all their years of education and their best intentions, doctors often don't provide you with optimal medical recommendations the first time around. By "optimal medical recommendation," I mean a medical recommendation that meets at least three criteria

2. It should be **grounded in the most recent medical knowledge**, which is generally reflected in the relevant expert guidelines, as well as in peer-reviewed clinical resources such as UpToDate.com. This doesn't mean that doctors should follow guidelines blindly and practice "cookbook medicine." It does, however, mean that for you to get better health care, your doctor should be aware of recent recommendations for how a given condition should be evaluated and managed. And when doctors decide that your circumstances merit a different approach, they should be prepared to explain their reasoning. ("Because I like to do it this way with my patients" is not an adequate explanation.)

3. These recommendations should be **adapted to your preferences** and values when it comes to medical care. In most cases, especially when it comes to people who are middle-aged or older, "one size

fits most" medicine isn't optimal. That's because often there are a number of reasonable ways to manage a certain health problem. Historically it has been the doctor who chooses among those ways, based on his or her preferences and values.

4. So for instance, for mild-to-moderate major depressive disorder, although guidelines say that either psychotherapy or medication can be used as initial treatment, most doctors tend to start by prescribing medication. But this is a little backward. If you're a patient, it's *your* body and health at issue. So if there are two reasonable ways to proceed with the medical care, it should be *your* preferences and values that drive the medical recommendations.
5. An optimal medical recommendation should be **made after informing a patient of the options** for treatment and involving the patient in the medical decision-making process. So if your health problem is mild-to-moderate major depressive disorder, the doctor shouldn't just ask herself, "Hmm, does this patient tend to prefer pills or non-drug treatments?" (That's the considering-your-preferences-and values part.) The doctor should also *tell* you about these two approaches, and then you'd decide together which to start with. This is called shared decision-making.

Not How Doctors Were Trained.

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.

Now, you probably know that many medical recommendations do not meet the above three criteria. Why is this? The short answer is that many doctors were not trained to practice in this way. Plus, there are many other factors that influence doctors. For one thing, going through this ideal process can take more time than just telling a patient what to do, and doctors are usually forced to be in a rush. Pharmaceutical companies have historically spent a lot of time and money influencing doctors to prescribe their products, too. Lastly, being human, doctors tend to fall into habits and do whatever takes less mental and emotional energy. The fact is that medicine is usually practiced according to the doctor's preferences, rather than according to what the best evidence and best practices recommend. Case in point: a recently published study found that half of the ophthalmologists performing cataract surgery are ordering unnecessary pre-operative testing. (Such pre-operative testing, which includes blood tests and EKGs, has been deemed unnecessary for most patients since 2002.) As best the researchers could tell, the main factor driving pre-operative testing was the doctors' preferences, not the health factors of the patients.

4 Things You Can Do

Now that you know the truth, let's talk about what you can and should do:

1. *Choose carefully.* Select doctors who seem willing and able to involve you in the medical decision-making process, and are open to checking guidelines. Doctors have their own personalities and practice styles; you'll probably get better care if you find someone who sees his or her role as supporting you in your health care decision-making, rather than being the authoritative decision maker for you.

   If you can, look for doctors who seem open to discussing options with you. If a doctor gets defensive when you ask about guidelines or alternatives is probably not a good choice

Raise Your Voice!

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

engagingnh@gmail.com

Do your homework when it comes to your health conditions and treatment options. There is really no substitute. Even if your doctor is progressive and used to shared decision-making, you'll participate better in the process if you've done a little preparation beforehand. Prepared patients and families generally get better health care.

To learn more about your health conditions and your options for evaluation and management, go to reputable websites. I find that the Mayo Clinic website is generally quite good. You can also get useful information and support by accessing online communities of people with the same health problem. SmartPatients.com and PatientsLikeMe.com are two well-established sites.

The goal, of course, is not to doctor yourself. The goal is to arrive at your doctor's office with good questions and ideas.

2. **Ask about alternatives.** When the doctor makes a medical recommendation, be sure to ask what other alternatives are available. You may want to specifically ask about non-drug options for treating a problem. These often exist and are even often now recommended as first-line treatment. But busy doctors may not think to suggest them unless you ask them.

   For instance, although incontinence can be treated with medication, guidelines now recommend that people try exercises and bladder training first. (I applaud this change, since many medications for overactive bladder are anticholinergic and hence increase one's risk of developing memory problems.)

   It's also important to ask the doctor to clarify the likely benefits and risks of the treatment options. As a recent series in The New York Times explains (see here and here), the likelihood of benefit is often smaller than people realize and sometimes is outweighed by the risk of harm from the treatment.

3. **Consider a second opinion**. Especially if you're considering a treatment of significance, such as a major surgery, it can be good to get a second opinion. Maintaining your own copies of your medical information in a personal health record can facilitate this.

I'd say it *is* worth doing. Taking care of your health — or helping your parents with their health — is like investing energy in maintaining or even renovating your home. You don't have to be super involved in monitoring the people involved in the process and things very well might turn out OK. But then again, they might not. The people working on your home, after all, have less at stake than you do. For them, it's one of many jobs. For you, it's your home and your money.

The body is like your home, except you have much more at stake.

For better health care, plan to do your homework, prepare to ask questions and remember that the medical care should be based on *your* preferences, not the doctor's preferences.

Leslie Kernisan, MD. Twin Cities Public Television

AGING IN PLACE TIPS

If you decide to "age in place" -- live independently in a home of your choice for as long as possible -- you'll need to plan ahead to make sure you have the necessary supports and resources. See how to plan if you want to "age in place."

For more information, see "There's No Place Like Home – For Growing Old," a Tip Sheet from the National Institute on Aging (NIA) at NIH. Topics include:

What do I do first?

What kinds of help can I get?

Products to make life easier

Where can I look for help?

How much will this cost?

One family's story

For More Information

The information on Long Term Care was developed for NIHSen-

iorHealth by the Administration on Aging (AoA), a part of the Administration for Community Living (ACL).

NIH Senior Health

10 THINGS YOU SHOULD KNOW ABOUT JOINT REPLACEMENT

What the pain is like and other inside info from doctors. Doctors share inside information on what it's really like to get joint replacement surgery.

1. Arthritis is the most common cause of chronic joint pain.

Thirty percent of Americans aged 45 to 64 have arthritis that's been diagnosed by a doctor. For people aged 65 or older, that number rises to nearly 50 percent. Osteoarthritis (brought on by wear and tear) and rheumatoid arthritis (which is an autoimmune disease that attacks the joints) are the most common scenarios that lead to joint replacement surgery, says Dr. Claudette M. Lajam, a hip and knee reconstruction surgeon at NYU Langone Medical Center in New York City. "Surface cartilage [between joints] can wear out, which creates abnormal stresses across the joint — it doesn't roll and glide smoothly anymore. This can be painful and cause the joint to become stiff."

2. Joint replacement surgery is very common.

More than 1 million adults in the U.S. have surgery to replace their hip or knee each year, according to the National Institutes of Health (NIH). Why the rush for bionic bones? For one, Lajam says, advancements in implant technology in the last 15 years translate to better functionality and less pain for patients. Second, America's 76 million boomers expect to remain active late in life, despite the inevitable joint degeneration that accompanies aging — so demand is growing.

"Since total joint replacement offers pain relief and restored mobility, these active older folks don't need to let pain and loss of function from arthritis slow them down. People come in and say, 'Doc, my hip is killing me — I can't reach to put my shoes on anymore,'" Lajam says. "There is nothing like a hip replacement — you can't walk and then, two to three days later, you can walk. You can see the pain in people's faces before surgery. Then two to three months afterwards, they look like a different person. It's remarkable."

3. The sooner you do it, the better your success.

In most cases, increasing levels of everyday pain that analgesics and NSAIDs can't fix are a sign you should visit a doctor. "You might be in a lot of pain, life starts shrinking, and you can't do things you used to," Lajam says. "If patients can't control their symptoms with medication, physical therapy, injections or losing weight, they're a good candidate for surgery

Once you get a replacement, running, jumping and high-impact activities are limited, if not cut out, to optimize how long it will last.

— Dr. Brett Levine

An objective red flag that you probably need surgery is if X-rays or imaging reveal significant damage to the cartilage or a deformity. "When joint deformity gets very bad, it becomes more difficult to fix it — you lose ground," she says. "The soft tissues around the joint might not respond as well after surgery when the joint is very deformed, and postoperative results are not as good. There's only so much we can do to restore function once the joint has passed a certain point."

4. Knee replacement pain is tough, but manageable.

Experts agree that pain management has come a long way in the last 15 years. "We've started to inject pain medication directly around the joint during surgery," Lajam says. "They last for five to six days — we get remarkable results from that kind of pain protocol. We can get away with not prescribing as many pain narcotics."

Plus, doctors will administer local injections immediately after the 1- to 1 1/2-hour surgery to minimize swelling and decrease the pain response, says Dr. Michael Alexiades, an orthopedic surgeon at the Hospital for Special Surgery in New York City.

"The day of surgery to the day after, pain level is at a three out of 10," Alexiades says. "Once the pain blockers wear off, pain usually increases the second or third day after surgery — it may get to a six or seven."

Hip replacement, which is slightly less common than knee replace-

ment, is a less painful process, in part because the hip joint doesn't sustain as much pressure as the knee, plus the range of motion isn't as wide.

5. Get all your dental work done six months beforehand.

Been meaning to take care of a pesky cavity or swollen gums? Get thee to a dentist, pronto. Any infection in your body can destabilize healing and potentially spread to your brand new joint, so experts recommend topping up your oral health way before you head in for surgery. "Infection elsewhere in the body can spread — and metal can't fight infection," Lajam says. "There's no way to fix it except for taking all the pieces out. If you need dental work, get it taken care of six months before surgery."

6. Joint replacement surgery is typically covered by insurance.

As long as your joint pain isn't related to anything that could qualify as a pre-existing condition (such as an old sports injury), insurance companies, including Medicare, will foot the bill. Your doctor just needs to document your case properly and show that a) you have pain and legitimate limitation of mobility, b) X-rays or other imaging studies reveal objective deformity or damage to your joint and c) you've tried alternative therapies to no avail.

Having your joint replacement surgery claim rejected could be very costly. The total hospital bill can range from $50,000 to $125,000, according to a New York Times article, which explained why the surgery may actually be cheaper if done outside the U.S. (travel expenses included).

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.

7. Rehab is the key to success.

Rehabilitation, which consists of exercises and stretching done at home or in a rehab facility, is an essential step to getting your range of motion back after joint replacement surgery. And the good news is it only takes an hour or less, three to five days a week for about 12 weeks, provided you stick to the regimen and don't overtax yourself.

The timeline for knee rehab looks something like this, Alexiades says: Just a few hours after surgery, hospital staff help you take a few steps on your own. "The first day, we don't expect them to take long walks, but we want to show them they can get up and put weight on the knee," he says.

On day two, physical therapists in the hospital start working with your range of motion, and most patients are cleared to go home and start rehab work there within two to four days.

If you have stairs in your home, hospital therapists will make sure you can walk them on your own before they release you. If you choose home rehab, a physical therapist will make daily visits to help you bend and straighten the knee and do mild strengthening exercises, which get easier as the pain and swelling subside. The goal: to be strong enough to get to an outpatient rehab facility on your own to continue the work. Within three months of surgery, most patients can engage in daily activities with little to no pain.

8. Complication rates rise if you smoke or are obese.

Most joint replacement surgeries are successful, and post-surgery problems like infection, blood clots and dislocation are generally treatable, according to NIH. But your risk of complications may rise if you have immune-weakening conditions like heart or kidney disease — or if you have an unhealthy lifestyle. "Complication rates are three to five times higher for people who smoke," Lajam says. "With very obese people, complication rates are six to seven times higher. I try to get folks to stop smoking and get their weight down before surgery," to improve their chances of a positive outcome.

9. You have to be proactive about preventing infection.

Any infection you get post-surgery — even if it's 10 years post-surgery — puts your new joint as risk, which means you diligently need to fight infections at the first sign. "We're finding that many patients are getting late infections," says Dr. Brett Levine, a hip and knee reconstruction and replacement specialist and an active member of the American Academy of Orthopedic Surgeons. "They're diabetic and overweight, and they're not thinking about the joint. A joint replacement doesn't have blood supply — antibiotics don't get to it. You'll often need an operation to fix the infection."

10. Joint replacements typically last for 15 to 20 years.

Unfortunately, joint replacements aren't a forever solution, but if you maintain a healthy lifestyle and get annual check-ups to monitor the new joint, it should last you at least 15 years, if not 20. "You have to follow up every year to make sure it's not wearing out," Levine says. "If you wait 10 to 12 years before seeing a specialist, instead of changing out one part, you might have to replace the whole thing. You lose that window."

Realistic expectations are another important aspect of joint replacement success. "It's a lifestyle change," Levine says. "Once you get a replacement, running, jumping and high-impact activities are limited, if not cut out, to optimize the length of time a replacement will last. If you push to do your old activities too quickly, you will stress the wound. This is a huge sur-

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
- Department of Health & Human Services

Other Groups we work with:

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

gery — slow down, take your time and recover well."

Sara Schwartz, Grandparents.com 7/28/15

ALZHEIMER'S TREATMENT USING ULTRASOUND COMPLETELY RESTORES MEMORY

Breakthrough Alzheimer's treatment may restore memory and clear plaques in the brain without drugs.

Australian scientists have found an Alzheimer's treatment that can restore memory using ultrasound technology.

The Alzheimer's treatment — which has been successfully tested on mice — does not involve drugs, but high frequency sound waves.

Professor Jürgen Götz, the director of the Clem Jones Centre for Ageing Dementia Research in Australia, and one of the study's authors, said:

"We're extremely excited by this innovation of treating Alzheimer's without using drug therapeutics.

The ultrasound waves oscillate tremendously quickly, activating microglial cells that digest and remove the amyloid plaques that destroy brain synapses.

The word 'breakthrough' is often misused, but in this case I think this really does fundamentally change our understanding of how to treat this disease, and I foresee a great future for this approach."

Potential Alzheimer's treatment

The study trialed the ultrasound technique on mice whose brains contained amyloid beta, a toxic plaque seen in Alzheimer's sufferers. It uses high-energy ultrasound to clear the build-up of toxic plaques.

After using the Alzheimer's treatment for several weeks, the researchers restored memory and cleared the plaques in 75% of the mice

http://www.spring.org.uk/2015/03/alzheimers-treatment-using-ultrasound-completely-restores-memory.php#sthash.eYKhm96M.dpuf

http://www.spring.org.uk/2015/03/alzheimers-treatment-using-ultrasound-completely-restores-memory.phpource

Tech Tips

CELL PHONES

If you don't want a smartphone for video chatting, emailing or surfing the Internet but need just a simple cell phone? No problem — such phones still exist. We looked at several and picked the three below as worthy options. None of our choices requires a contract or has a cancellation fee. And they all offer large print, speed dial, a built-in camera and high-volume levels for older ears.

1. Doro PhoneEasy 626 from Consumer Cellular. The burgundy, silver or black flip phone handily displays the time on the outside of the phone. Black, raised buttons on a white background make it easy to see and dial, look at or send photos or text. It's also hearing aid-compatible. A visual ring indicator works even when the phone is closed. Push the emergency help button on the back and it alerts your contact — family or friends. It uses GPS technology so when Mom calls 911, it pinpoints her location. One snazzy feature: video recording.

   If you want email, though, you're out of luck. Near the end of the year, a Doro Android Smartphone will debut. It will give designees (a family member, most likely) the ability to make changes to the phone remotely. A long-distance family caregiver, for instance, can change settings from afar (i.e.: increasing the ring tone or picking a new one, managing photos and downloading apps).

   Phyllis Pottorff-Albrecht is on the Colorado roads constantly with her Doro. The 73-year-old minister travels 200 miles to her parents' farm to help with the harvest. She's restoring another house 30 miles from there. With one son in Nicaragua and the other in California, Pottorff-Albrecht demands something dependable. "I needed a magnifying glass to use the cellphone I had before," she says. The phone costs $50; service plans range from $10 to $20 per month
2. The Jitterbug from GreatCall

   (Full disclosure: I have done work for GreatCall. I have included its phones because they are among the best.) The two

models, made by Samsung, are the Jitterbug5 flip phone and the smartphone Jitterbug Touch3.

Both have a bright color screen and an easy-peasy navigation button. The Jitterbug5, in fact, has a yes/no navigation system. You can also opt for Urgent Care. It connects the user via phone with a nurse or doctor 24/7 who can give advice or even prescribe medications over the phone.

GreatCall's caregiver app lets the adult child log onto a smartphone, tablet or computer to make sure all is well with Mom, and check her location via GPS technology. With the 5Star Medical Alert feature, an emergency button sends her immediately to a National Academy of Emergency Dispatchers agent who will help (not just for a medical emergency, but if she is lost or feels unsafe).

The $99 Jitterbug5 phone comes in red and blue. Service plans range from $14.99/month to $49.99/month, with text options (but no email). Both the Jitterbug5 and the Jitterbug Touch3 have a one-time $35 setup fee.

The $99 Jitterbug5 phone comes in red and blue. Service plans range from $14.99/month to $49.99/month, with text options (but no email).

Both the Jitterbug5 and the Jitterbug Touch3 have a one-time $35 setup fee. The Jitterbug Touch3 smartphone has more bells and whistles. The $149.99 phone has a full-size screen. Besides making and receiving calls, it lets you text, email, surf the Internet and download apps. All those commands are simple to read on one screen. Want to check your heart rate?

The Touch3 can do that with an app. (Attach the heart monitor to the back of the smartphone to record an electrocardiogram and track trends for the family and the doctor.) Fifty minutes of talk time costs $14.99/month; 400 minutes is $19.99/month. The Jitterbug Touch3 requires a data plan that starts at $2.49/month.

Last September, when her old cellphone died, Amy Kruse's mother-in-law was having some memory issues. She drives and lives alone. "We were concerned she might get lost," says Kruse. The Annapolis, Md., software company CEO chose the Jitterbug5. "It has big numbers, a no-nonsense interface and a flip phone style she was used to," says Kruse. For $35/month, her mother-in-law has the 5Star Service, Urgent Care and the GreatCall caregiver app. Kruse and her husband remotely programmed the phone to her most frequent locations: church, the hair salon, choir practice and another son's house. The couple logs on frequently to see where she is without bothering her. "The phone is about maintaining her independence and our peace of mind," says Kruse.

3. Snapfon ezTWO It's billed as "the cellphone for seniors" and for many, it's their first mobile phone. Snapfon ezTWO comes with a speaking keyboard. There's an extra SOS Emergency Alert option, as well as a 24/7 monitoring service. Holding down the emergency button on the back produces a don't-mess-with-me siren-like sound. (You can disable that feature.) As soon as users press the button, it sends a typed text to designated contacts; among them can be a monitoring center or 911.

   Vernita Miller bought one for her mother. She thinks that "it looks like a Blackberry with big buttons." Four years ago, Miller's mother, now 67, had a stroke that left her paralyzed on one side and with poor vision. She lives in a New Jersey nursing home where it is nearly impossible for her to have outside phone conversations. The Snapfon has solved that problem. Miller's mother

Help Spread the Word!

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

Forward it on!

speaks to her every day, talks to her doctors and has learned to text with her grandchildren. The phone is available through Snapfon for $19.95, with a monthly $9.95/month service plan for 60 minutes or $29.95 for unlimited. If you don't want the Snapfon service plan (you can go through AT&T or T-Mobile), the phone is $79.99.

Other phones that can work for seniors: the iPhone and the Samsung Galaxy's easy mode.

Sally Abrahms, http://www.nextavenue.org/3-must-have-cell-phones-for-senior s/

Dollars & Sense

7 WAYS TO MAXIMIZE YOUR SOCIAL SECURITY BENEFITS

In a recent interview with USA Today, author and economics professor Laurence Kotlikoff explained that Social Security should be treated like any major investment.

"It's really critical for almost all of us to get this 100 percent right," he said. "Simply taking benefits at the earliest possible moment without any strategizing can cost almost everybody a lot of money. People don't understand that there is more than one benefit available to them, and there are different strategies for taking their different benefits." Fix your Social Security strategy by taking these steps to budget, allocate and manage your benefits.

1. Figure out how much you're paying into Social Security: Millennials, Gen X-ers and boomers: How well do you really know what portion of your income goes into Social Security? Figure out exactly what you're paying — it is your money, after all. According to U.S. News & World Report, you've been contributing 6.2 percent of your income into the system, and double that if you're self-employed. Additionally, your Social Security payments are calculated based on your 35 highest-earning years spent working; if you haven't worked for an aggregate of 35 years, zeros will be factored into the average and your payout will be lower.
2. Figure out how much of your benefits are taxable: You can determine how much of your Social Security benefits will be taxed depending on what you earn — as your income goes up, so does the amount of Social Security that's taxable. For individual filers, if your combined income (adjusted gross income, nontaxable interest and half of your Social Security benefits) is below $25,000, you won't be taxed, reports Stan Hinden at the AARP. If your income is between $25,000 and $34,000, up to half of your benefits could be subject to tax. For income that's above $34,000, up to 85 percent of your income is taxable. To keep track of your benefits and know how much to report on your tax return next year, obtain a copy of the SSA-1099 — the Social Security benefits statement. According to the SSA, it should be mailed to you in January of each year for use on your taxes.
3. Re-examine your budget: Some experts contend that retirees will need at least 70 percent of their pre-retirement annual income to live comfortably in retirement — but if you have bills and debts to pay, that percentage goes up. In fact, your Social Security check could very well not be enough to cover all your expenses, so it's time to take another look at your budget to see what works and what doesn't.

"Look at your Social Security income versus your budget. If your income exceeds your budget, then you are in a good place, especially if you have retirement savings," said Anthony Kirlew, founder of FiscallySound.com. "If your income is less than your budget, then you need to look at all of your financial resources that you can supplement your Social Security income with, such as 401(k)s, life insurance cash value or other investments." Thankfully, there are plenty of other ways to avoid relying on your Social Security benefits.

4. Plan to monitor your payment amounts: Once you begin receiving your benefits, confirm the exact amount owed to you to prevent overpayment of benefits. "If there is some type of overpayment, you want to make sure you report it as soon as possible," said John Fowler, a certified financial planner and wealth manager at McElhenny Sheffield Capital Management.

   "Eventually, the Social Security administration will catch it, and the longer you wait to report it, the longer they will have to reduce your future payouts to recoup the overage." If this happens, your payments could be affected in a few ways, Fowler said. "In some instances, they may provide a waiver and 'fix the glitch' going forward. However, in most cases, they may recoup the overage by reducing your future payments until they get the overage amount back," he said. Confirming your records is as easy as downloading your Social Security statement online. ***Related: 10 Retirement Savings Myths That Won't Go Away***

5. Figure out when you'll get paid each month: For 2015, Social Security benefits are paid to recipients on Wednesdays, once a month, according to your birthday:

   Second Wednesday of the month: birth dates between the 1st and the 10th

Looking for a back issue of an ENH newsletter?

Check our website:

www.engagingnh.org

   Third Wednesday of the month: birth dates between the 11th and the 20th

   Fourth Wednesday of the month: birth dates between the 21st and the 31st

   If you receive both Social Security benefits and Supplemental Security Income (SSI), you'll typically get your money on the third of the month, unless this day falls on the weekend — this is also the case for people who received or applied to receive Social Security before May 1997.

6. Determine if you need to delay your benefits: One of the best ways to make the most out of Social Security is to deny it for as long as possible. You can begin collecting Social Security at age 62, but if you put off claiming benefits till 70, your lifetime monthly benefit will be 76 percent larger, according to a 2013 report by Merrill Edge. In fact, for every year you delay claiming Social Security up till age 70, your benefits will grow by 8 percent.

7. Know your spouse's claiming options: Along with Valentine's Day and your anniversary, your spouse should absolutely be involved in the day you decide to claim Social Security. This is because married couples have two choices: They can claim Social Security based on their own income and work record, or they can receive payments worth up to 50 percent of the higher earner's benefits. If one spouse dies, the other will receive an amount based on the higher earner's benefits, according to U.S. News.

   "The higher earner should base his benefits decision on the age he would be when the second spouse dies," William Reichenstein, a Baylor University professor, told the site. "What would probably be the best strategy is for him to wait until he turns 70, because after the death of the first spouse, the survivor keeps the higher benefits." This even applies to people who have divorced, as long as the marriage lasted at least a decade.

How You'll Benefit. Following the above steps can work to your advantage in a few ways:

You'll stay on target. Knowing how much income is deducted for Social Security, how much is taxed, how much you stand to earn and when you'll earn it gives you insight into how to move your finances in the right direction.

You'll boost your financial literacy. It's important for seniors to get

on top of their budgets and costs of living in retirement. Do this, and you'll be better equipped to leverage your Social Security benefits between spending and saving. "You should consider depositing the Social Security payments into your investment account to allow the funds to grow until you need them in the future," said Melinda Kibler, a certified financial planner at Palisades Hudson Financial Group.

You'll be prepared. Knowing what to expect from Social Security as far in advance as you can aids you in mapping out a bright, lucrative future for yourself in retirement.

http://www.gobankingrates.com/retirement/first-thing-should-social-security-check/

Laugh & Live Longer

BLOND JOKE 1

A gorgeous young redhead goes into the doctor's office and said that her body hurt wherever she touched it.
"Impossible!" says the doctor. "Show me."

The redhead took her finger, pushed on her left shoulder and screamed, then she pushed her elbow and screamed even more. She pushed her knee andscreamed; likewise she pushed her ankle and screamed.

Everywhere she touched made her scream.

The doctor said, "You're not really a redhead, are you?"

"Well, no, " she said, "I'm actually a blonde."

"I thought so," the doctor said, "Your finger is broken."

BLOND JOKE 2

A highway patrolman pulled alongside a speeding car on the freeway.

Glancing at the car, he was astounded to see that the blonde behind the wheel was knitting!

Realizing that she was oblivious to his flashing lights and siren, the trooper cranked down his window, turned on his bullhorn and yelled, "PULL OVER!"

"NO!" the blonde yelled back, "IT'S A SCARF!"

RANDOM THOUGHTS ON AGING

I don't trip over things, I do random gravity checks! I don't have gray hair. I have "wisdom highlights"... I'm just very wise

The kids text me "plz" which is shorter than please. I textback "no"… which is shorter than "yes".

WILL I LIVE TO SEE 80?

Here's something to think about…

I recently picked a new primary care doctor…

After two visits and exhaustive Lab tests, he said I was doing 'fairly well' for my age. (I just turned "seventy-ish").

A little concerned about that comment, I couldn't resist asking him,

"Do you think I'll live to be 80?"

He asked, "Do you smoke tobacco, or drink beer, wine or hard liquor?"

"Oh no," I replied. "I'm not doing drugs, either!"

Then he asked, "Do you eat rib-eye steaks and barbecued Ribs?"

I said, "Not much... my former doctor said that all red meat is very unhealthy!"

"Do you spend a lot of time in the sun, like playing golf, boating, sailing, hiking, or bicycling?"

"No, I don't," I said.

He asked, "Do you gamble, drive fast cars, or have a lots of sex?"

"No," I said.

He looked at me and said, "Then, why do you even care?"

FACEBOOK

I am trying to make friends outside of Facebook while applying the same principles.

Therefore, every day I walk down the street and tell passers-by what I have eaten, how I feel at the moment, what I have done the night before, what I will do later and with whom.

I give them pictures of my family, my dog and of me gardening, taking things apart in the garage, watering the lawn, standing in front of landmarks, driving around town, having lunch and doing what anybody and everybody does every day.

I also listen to their conversations, give them the "thumbs up" and tell them I lie them.

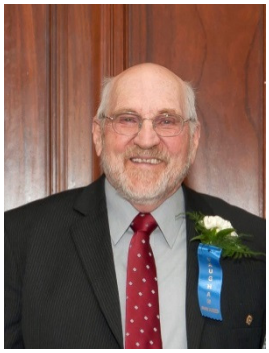
It works just like Facebook! I already have four people following me: two police officers, a private investigator and a psychiatrist.

Purposeful Living

Owen Houghton, a past chair of the New Hampshire State Committee on Aging is a tireless volunteer and advocate for senior health, well-being and community involvement spanning more than 40 years of service to seniors in the Monadnock Region.

Educated in Counseling Psychology, Dr. Houghton devotes many volunteer hours counseling in senior care management and caregiving. Using his practical wisdom, experience and wit, he has contributed 225 monthly articles under the title "Age-Wise" to the Keene Sentinel, addressing real-life challenges as well as presenting many Aging Wellness workshops to elder groups and churches in the community.

Among his many activities, he co-founded and continues to take a lead role in directing the Monadnock at Home village, dedicated to promoting independent aging in place for seniors in their own homes and communities. As a member of the Board of Directors, Owen continues to volunteer many hours each month to service programs that help over 120 seniors across the eastern Monadnock region maintain physical and mental health through home-based support and community connections.



Dr. Owen Houghton

Additionally, Owen is volunteer Red Cross driver, providing rides for seniors for medical appointments, shopping, educational and social events and for other community support activities as well as a volunteer driver helping seniors who do not drive, to attend church and civic events. And, as a member of the Monadnock Region Coordinating Council for the Southwest Region Transportation Plan, he advocates for adequate transportation for seniors.

As treasurer of the Jaffrey Food Pantry, he works with local food retailers and civic organizations to obtain adequate food supplies for community needs; He also identifies and promotes free community suppers, especially for seniors in need of both healthy eating and socialization opportunities. But his service includes the whole community; working with the Rotary Club program for middle school children and the Jaffrey Chamber of Commerce promoting educational, cultural and service activities for the betterment of the community

Now, Owen is care-giving for his wife of 55 years who has Alzheimer's disease. And true to form, he is sharing his personal experiences, appearing in community events and educational media to pass on his care-giving knowledge and lessons learned so that he may help others as they meet the challenges of aging.

Board Notes

MUSINGS ON A HOT SUMMER DAY

You may have noticed in the August Newsletter a change in the Board of Directors. In July we were pleased to welcome new Board of Directors member, Rich Crocker. Rich brings an extensive background in public services including past Chair of the State Committee on Aging, past Director of the Bureau of Elderly and Adult Services as well as the Bureau of Developmental Services, and Assistant to the Commissioner of Health and Human Services. He resides in the Lakes Region.

The EngAGING NH Newsletter is seldom based on a theme, at least intentionally, but proofreading this issue revealed two interesting patterns: empowerment and collaboration. When you think about the world we live in, it's no wonder that there is a real need for information presented in a framework that is actually helpful and supportive. As they say in the world of texting, TMI (too much information) can be misleading and inaccurate, so we include things like the chart on page 4 on media hype.

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/

We can probably assume that if you are reading this, you can remember 30 years ago when you would have laughed at the idea of asking a young grandchild how to write a letter or make a phone call. But that was before we used computers and cell phones. Who would have thought?

And, it's not only that most of daily life has taken on greater and greater complexities, the rate of change is astronomical. Remember the good old days when changing the content of isles in the grocery store was a major cause of confusion?! Well, you may still experience this, but it's easier to deal with than constant upgrades to our digital devices!

This brings us to the selection criteria we use for choosing the material we share in the ENH newsletter. Our aim is to provide you with information that highlights exciting community changes for aging members; shares important policy issues that might affect you or a loved one, so you can take action; and gives you some practical application. We look for material that is non-partisan, comes from firsthand experience, and relates to the universal need for sharing. We regularly turn down individuals and organizations who hope to reach or sell to you, the educated older adult.

We all need help from time to time. We all want to make our own decisions based on valid information. It may seem paradoxical that the themes of empowerment and collaboration benefit one another, but they actually are balancing.

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ADDRESS CORRECTION REQUESTED