ENGAGING NH NEWS

ENGAGING NH

A Citizen Voice for the Aging Experience

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GUEST OPINION:

Past Mistakes Lead to Wisdom to Overcome

by Owen Houghton

You cannot travel back in time to fix your mistakes, but you can learn from them and forgive yourself for not knowing better. **— Leon Brown**

My wife and I had a recognition recently of our wedding 56 years ago, complete with cards, flowers, Facebook messages, and calls from the kids and grandkids. I did not call it a "celebration" because only one of us remembered the event and ensuing years of loving companionship. Even home movies did not stir recognition for my memory-impaired spouse.

What it did stir was my memory of a distant event which, while confusing and stressful at the time, proved to be pivotal in my personal development as a caregiver for a loved one with Alzheimer's disease. The crystal clear context of this event, in retrospect, has provided me with the wisdom to forgive myself and move forward with mindfulness.

Ken Burns' 2016 commencement address at Stanford University reminded me that "the hard times and vicissitudes of life will ultimately visit everyone … you are less defined by the good things that happen to you, your moments of happiness and apparent control, than you are by those misfortunes and unexpected challenges that, in fact, shape you more definitively, and help to solidify your true character — the measure of any human value."

The seminal event came in the midst of a long-awaited celebration of our 50th anniversary, with all our kids and grandkids coming for a few days to stay all together in our house at Thanksgiving time, film a family portrait, and enjoy the occasion and each other. All seemed fine until dinner one evening when I decided to make "the big presentation!"

Our findings should empower caregivers by showing them that their actions toward patients really do matter

When we became engaged in 1959, my wife-to-be was "pinned" with college jewelry, but 50 years later it seemed appropriate, under different economic circumstances, to make a significant investment. The big family dinner was my choice for the long-awaited gifting, but it went horribly wrong as later reported by one of my kids following their visit:

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"Mom's frustration with noise and confusion is increasing — she seemed tired and overwhelmed — when you made the presentation at dinner, she really didn't react — I have to say that I thought this was a substantial misjudgment on your part in terms of timing — this was so special for you but you did not notice how disconnected she was at that time!"

This event was clearly a wake-up call, and from this point forward, professional help to get understanding of the uniqueness of dementia along with caregiver support helped both of us acclimate to the challenges of the disease. After a few other mistakes in the early stages of the disease, I can understand what Ken Burns was saying about unexpected challenges. But to forgive is not to forget.

As I now volunteer my experiences as a caregiver to others, especially those overwhelmed by fear, anxiety and denial of the strange behaviors of Alzheimer's disease in its early stages, I pass on some wisdom that may help. Foremost is the belief that while memory fades, the emotional state of loved ones remain — caregivers greatly influence the feelings and moods of loved ones.

In a study published in the September 2014 issue of the journal Cognitive and Behavioral Neurology, researcher and lead author Edmarie Guzmán-Vélez at the University of Iowa showed individuals with Alzheimer's clips of sad and happy movies. The patients experienced sustained states of sadness and happiness despite not being able to remember the movies.

Since we know that the disease has no cure and despite the considerable amount of research aimed at finding new treatments, no drug has yet succeeded at either preventing or substantially influencing the disease's progression. "Caring-givers" is a better non-pharmacological approach.

"Our findings should empower caregivers by showing them that their actions toward patients really do matter," Guzmán-Vélez says. "Frequent visits and social interactions, exercise, music, dance, jokes and serving patients their favorite foods are all simple things that can have a lasting emotional impact on a patient's quality of life and subjective well-being."

Given the caregiver's profound influence on a patient's emotional life, the necessity to avoid causing negative feelings is paramount.

10 Nevers of Alzheimer's communication

1. Never argue, instead agree;
2. Never reason, instead divert;
3. Never shame, instead distract;
4. Never lecture, instead reassure;
5. Never say "remember," instead reminisce;
6. Never say, "I told you," instead repeat/regroup;
7. Never say "you can't," instead do what they can;
8. Never command/demand, instead ask/model;
9. Never condescend, instead encourage;
10. Never force, instead reinforce

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NH Updates

CROSS-BORDER CONVERSATIONS ON CAREGIVING

The Tri-State Learning Collaborative on Aging (TSLCA) is excited to announce three upcoming opportunities to engage in cross-border conversations on caregiv-

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.

ing! Each regional event will bring more than 100 people together to focus on informal family caregiving from a multifaceted point of view. Care partners, community providers, researchers, policy experts and municipal, business and community leaders will sit at the same tables to share information on the resources, policies and tools that currently support care partners and help build a roadmap for collective action to address the many challenges they still face.

These conversations will be held in November in towns conveniently located on state borders. The full agenda and additional details will be posted soon! Registration will open on Monday, October 3, 2016.

When & Where

- November 4th at the Frank Jones Center in Portsmouth New Hampshire
- November 15th at Hotel Coolidge in White River Junction, Vermont
- November 17th at Sunday River (Grand Summit) in Bethel, Maine

Objectives

Participants will:

- Broadly understand the challenges of caregiving
- Learn what resources, models and laws, support caregivers across multiple settings
- Connect to tools and ideas that will help them increase supports and services to caregivers in their organizations and communities
- Contribute their wisdom and vision to guide development of future work in this area

Target Audience

- These events are intended for community, organizational, municipal, business and policy leaders who are interested in providing more support to informal family caregivers who are caring for older adults. We're specifically interested in engaging the following people in the conversation:
- Caregivers of older adults
- Leaders of age friendly community/aging in place initiatives
- Town/City managers/administrators/planners
- HR directors/Business leaders
- Community providers of family caregiver supports and services
- Advocates and policy leaders
- Health care providers/care managers
- Higher education partners

Come to one event – or come to all! We're better when we share, learn and grow together as a region.

http://agefriendly.community

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

VOTER ID REQUIREMENTS

What type of ID will I need to vote?

- Driver's license issued by any state or federal government;
- Non-driver ID card issued by NH DMV or motor vehicle agency of another state;
- Photo ID card for "voting identification only" issued by NH DMV (RSA 260:21);
- United States armed services identification card;
- United States passport or passcard;
- NH student ID card (see more information below);
- A photo ID not mentioned above, but determined to be legitimate by the moderator, supervisors of the checklist, or clerk of a town, ward or city. If any person authorized to challenge a voter does

so under this provision, the voter shall be required to fill out a challenged voter affidavit before obtaining a ballot.

- Verification of the voter's identity by a moderator or supervisor of the checklist or clerk of a town, ward or city (not a ballot clerk). If any person authorized to challenge a voter does so under this provision, the voter shall be required to fill out a challenged voter affidavit before obtaining a ballot.

Over 65 ID

An acceptable photo ID must have an expiration date or date of issuance. The ID will remain valid 5 years beyond the expiration date unless the voter is 65 or older in which case an acceptable photo ID may be used without regard to expiration date. The name on the ID shall substantially conform to the name on the checklist.

SILVER LININGS

If you don't normally subscribe to the NH Union Leader, be sure to regularly google the new series on Aging in NH. Reporter Gretchen Grosky will be highlighting issues of interest as the Granite State looks towards a growth of older residents. Her position is funded by the Endowment for Health.

NHASC ANNOUNCES COMMISSIONER MEYERS AS KEYNOTE SPEAKER

Concord NH – Jeffrey Meyers, Commissioner of the NH Department of Health and Human Services, will be a keynote speaker at the NH Association of Senior Centers (NHASC) Fall Conference.

"The NH Association of Senior Centers is delighted to be celebrating its 25th Anniversary at this year's conference with the vibrant and diverse community we are proud to represent. We are thrilled to host Commissioner Meyers, author and award-winning researcher and educator Joshua Freitas among other inspiring speakers," said Patti Drelick, Board President NHASC. "These presenters are leaders in their fields and their collective wisdom challenges us all to make the most of our own organizations, talents and experiences."

Registration is now open for the Conference, which will be hosted at the GoodLife Programs and Activities Center, 254 N State St, Concord, NH on Friday, September 30, 2016 from 8:30 am to 3:00 pm. The Conference is one of NHASC's' largest events for senior service professionals, attracting attendees who come together for a full day of networking, professional development and personal growth opportunities. Anyone interested in bettering the lives of New Hampshire's aging population is invited to attend.

The conference features 6 presenters, an address by the Commissioner of the NH Department of Health and Human Services, Jeffrey Meyers; continental breakfast, lunch, a wine and cheese reception sponsored by Pleasant View Retirement, literature exchange and much networking. The rate is $25 per person for members, $50 for non-members. To register or learn more about the NHASC Fall Conference, explore our website at www.nhasc.org or like our Facebook page at https://www.facebook.com/New-Hampshire-Association-of-Senior-Centers-547371705434521/?fref=ts

From Our Readers

THANK YOU

GRATZ ENH 4 UR NL & BIF THX 4 TTC. WTG. John

Editor's note: Still laughing at your skillful application of text shorthand. Translation for those still practicing this new language: Congratulations EngAGING NH for your Newsletter and before I forget, thanks for Tech Tips columns. Way to Go.)

SAVE THE DATE FOR BOWLS OF CARE!

The fourth annual "Bowls of Care… an evening to support community and family caregivers" will be held on Thursday, October 6th, from 5-8pm at the Concord Country Club. Please join us for wonderful jazz and folk music, a delicious dinner of soups, salads, breads and desserts from local restaurants, a fun, silent auction, and a handcrafted artisan bowl of your choice. Tickets are $40 each. Please call (603) 225-3295 for more Information or get your tickets online at our event: https://give.everydayhero.com/us/BowlsofCare. Sponsored by Elder Services, Community Action Program Belknap-Merrimack Counties, Inc., and Merrimack County ServiceLink.

SEPTEMBER HIGHLIGHTS

What's going on in September besides Labor Day and back to school? The National Council on Aging (NCOA), https://www.ncoa.org/. NCOA , a national leader and trusted partner helping people aged 60+ in meeting the challenges of aging, announced the 9th anniversary of Falls Prevention *Day* and Senior Center *Month*.

A partner of NCOA the National Institute of Senior Centers (NISC), has selected the theme *Find Balance at Your Center* for this year. Every day, older adults find balance and whole person wellness at senior centers where adults 50+ can be engaged physically, mentally, and emotionally in their communities. The NH Association of Senior Centers (NHASC) has just launched a new website (nhasc.org) that will allow individuals to locate local centers and learn about the many varied programs they have to offer.

September 22, 2016 marks the 9th annual National Falls Prevention Awareness Day. Falls are the leading cause of injury related emergency department visits for older adults, the major cause of hip fractures, and responsible for more than half of fatal head injuries. Numerous states and countries worldwide are now coalescing to address this growing public health issue; many are working closely with occupational therapy practitioners as key contributors to reducing falls.

This year's theme, "Take a Stand to Prevent Falls", seeks to unite professionals, older adults, caregivers, and family members to play a part in raising awareness and preventing falls in the older adult population. Forty-eight states participated in Falls Prevention Awareness Day last year, joining more than 70 national organizations, including the American Occupational Therapy Association, other professional associations, and federal agencies that comprise the Falls Free© Initiative *(http://www.ncoa.org/improve-health/center-for-healthy-aging/falls-prevention/falls-free-initiative.html).*

If your organization participates in a falls prevention activity, please email fallsfree@ncoa.org to make sure you are counted by NCOA.

Focus on Community

MAKE SURE BEFORE YOU BUY YOUR RETIREMENT DREAM HOUSE

Financial adviser Mitchell Katz of CA Wealth Management in Bethesda has a couple of clients who love golf. Both husband and wife were in their early 50s, and their retirement dream was to buy a home in a golf community in North Carolina.

When they were finally ready to do it, Katz warned them, as he does all his clients. "I told them you'd better rent first," he says. "Make sure it fits your lifestyle and you like your neighbors."

It turned out to be the best advice. They did not like their new golf community, where everyone was much older. So they returned to the area to figure out their Plan B.

"That was years of a dream that went away quickly," Katz says. "I've had three or four couples that had the same story. Typically, one spouse is going along for the ride. My advice is, please just rent. See if it makes sense. If it does, fine. If not, we have prevented a big mistake."

Buying that retirement home is a big deal. And you'd better do research before you do it.

First, consider whether you are going to use the new home as a primary residence or a secondary residence.

"I am a bigger proponent of making it a retirement home," says Joe Duran, CEO of United Capital in Newport Beach, Calif. "Retirees hold onto original home. They are uncomfortable letting it go because they want the kids to know it's still there. That can be incredibly expensive and impact the rest of retirement. Every month you keep your old home, you have two payments."

Like everything else when it comes to retirement, it takes a lot of planning. Here are tips from financial planners.

Try before you buy. Katherine Dean, managing director of wealth planning for Wells Fargo Private Bank, says she has seen a lot of people trip up on this one.

"They were trying to get closer to a child or followed a friend and found out 'I don't want to be there,' " she says.

"Rent for a year," Katz says. It prevents the big mistake. Get settled in. Do you like it? Does your spouse like it?

Ask: Can I afford this home if something happens to my spouse or loved one? "Think about whether one person [if the couple buys it together] will be able to pay for the costs of the home on their own," says Mike Lynch, vice president at Hartford Funds.

"Many folks think that when one spouse passes, expenses generally are subsequently cut in half," Lynch says. "The reality is they generally only drop 20 to 30 percent. For example, if one spouse passes, the mortgage, property tax, home insurance costs don't change. They may even increase in the future. All of this needs to be planned for with their current sources of income."

Life's all about choices. Freedom or control, what do you prefer? "Do you want responsibility with land and property? Some people don't want to do that," Dean says. "Some people don't want to have debt in retirement. It comes down to a personal decision."

Consider your cash flow. Take into account the area you want to move to or live in.

"What can you afford? Do you own something? Are you selling? What is your budget?" Dean says. "Don't erode your retirement savings. Understand the nest egg. Don't be tempted to dig into that when you are making this stop."

Consider home maintenance. "When it comes to aging in place, it's important to think about who is going to change the lightbulbs, who will handle the plumbing, who will make repairs if appliances break down," Lynch says. "If one of the spouses was experienced in household maintenance and passes away, the other spouse needs to factor in what it would cost to hire someone else to do these types of household chores. It might even become necessary to hire out for other regular work as well, such as window cleaning, yard maintenance and even housekeeping."

Time frame. "How long will you live there?" Dean says. "If it is short term, it may not be worth it. The general rule is you live there for three years minimum. It depends on terms of the loan and purchase price."

Will I be able to live in this home when I'm 80 or 90? For example, Lynch says, in Myrtle Beach, S.C., the homes are on pillars and all the staircases are in the front. "The challenge is when I'm 75 years old, can I get up those steps? The physical layout of home is probably one of the more important things. Are the hallways wide enough? Are the countertops low enough?"

He said contractors can now get a CAPS designation (Certified Aging in Place Specialist). They are trained to look for problems like these.

Make sure you are close to amenities. Katz says one couple's dream was to retire to a lake community. But when they rented, they realized there were no grocery stores nearby. He says to make sure you have access to airports, hospitals and other medical care, and — if it's important — Starbucks.

Washington Post, 7/16/16

News You Can Use

SENIOR DRIVERS TAKING OPIOID PAINKILLERS HAVE HIGHER CRASH RISK

Seniors who get behind the wheel soon after starting to use narcotic pain relievers have twice the risk of getting into a serious car crash as their peers who use non-opioid painkillers, Swedish researchers say.

Senior drivers who'd been using opioid painkillers regularly for several months also had higher odds of getting into accidents, but not as high as the new users did, according to Joel Monarrez-Espino of Karolinska Institute in Stockholm and colleagues.

Their study included 4,445 drivers between the ages of 50 and 80 who had been involved in a single car crash between 2005 and 2009 in which at least one person suffered an injury that required medical care, plus more than 17,000 similar drivers who had not been in crashes.

As reported in the journal Age and Aging, study participants were considered new to opioid painkillers if they had been given a prescription within one month before the crash. Regular users were those given at least three prescriptions in the last six months, with at least one prescription within a month of the crash.

"New, but also frequent opioid analgesic use, resulted in an increased probability of

single vehicle crashes," the research team wrote.

Specifically, the risk was 100 percent higher for the new opioid users, and 60 to 70 percent higher for the regular users, compared to the risk in people of the same age taking one or two non-opioid painkillers.

"While more epidemiologic evidence is needed, patients could be advised to refrain from driving when using opioid analgesics," the authors wrote.

They did not respond to a request for comment.

Whether the "regular users" in this study had a lower risk because their bodies were accustomed to the opioids is hard to know, said Dr. Thomas Meuser, a specialist in aging at the University of Missouri who was not involved with the study.

"The study doesn't show if the participants took their medications consistently," Meuser told Reuters Health by phone.

"Another reason for the drop in risk (among regular users) could be that some stopped or reduced taking their medications due to side effects, even though they continued being prescribed," said Meuser.

Paul Atchley, who studies the human brain, vision and attention to driving at the University of Kansas, told Reuters Health the findings should serve as a wake-up call for doctors to have better conversations with their patients about the true risks of taking these medications.

"Driving is the riskiest thing we do on a daily basis," said Atchley, who wasn't involved in the study.

"We need to understand what's at risk, so that we as drivers can make better choices," he said.

"What's unique about this study isn't just painkiller use, but the pattern of use," Atchley pointed out.

The risk of being injured or killed in a car crash increases with age, according to the Centers for Disease Control and Prevention (CDC).

Meuser noted that older adults generally have more diagnoses and take more medications than younger adults. "There's always a

How to Contact Your State Committee on Aging Representatives

County	Name	Email
Belknap		
Carroll	Dr. Norma J Brettell	pastorbrettell@roadrunner.com
Cheshire		
Coos	Mark M. E. Frank	maxfra@aol.com
Grafton		
Hillsborough	Kathy Baldridge	kathy@lifetimeliquidations.com
	Joan Schulze	joanschulze@myfairpoint.net
	Russ Armstrong	equlzr@gmail.com
Merrimack	Herb Johnson	clairhonda@msn.com
Rockingham		
Strafford	Candace Cole-McCrea	snowyowl@metrocast.net
	John Kennedy	jjkrha@yahoo.com
Sullivan	Larry Flint	wrecman@comcast.net
State Reps & Senators		
Cheshire	Rep. Susan Emerson	semerson435@aol.com
	Sen. Molly Kelly	molly.kelly@leg.state.nh.us
Website:	http://www.dhhs.nh.gov/dcbcs/beas/aging/	

risk for side effects for someone taking five or more medications," he said. "Side effects that affect the brain and nervous system are especially worrisome for older drivers."

Linda Thrasybule, Reuters, 8/13/16

MEDICARE REMINDERS

You Can Help Prevent Fraud

Medicare fraud is when doctors or other providers deceive Medicare into paying when it should not or paying more than it should. This is against the law and should be reported.

Some types of fraud include

- •Billing Medicare for services you never received;
- •Billing Medicare for services that are different than the ones you received (usually more expensive);
- •Continuing to bill Medicare for rented medical equipment after you have returned it;
- •Offering or performing services that you do not need in order to charge Medicare for more services;
- •Telling you that Medicare will pay for something when it won't;
- •Using another person's Medicare number or card.

To report fraud you should either contact 1-800-MEDICARE (800-633-4227) or the Inspector General's fraud hotline at 1-800-HHS-TIPS (800-447-8477). When it investigates the potential fraud,

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 State Independent Living Council
- State Committee on Aging-Vaughan Awards
- Disabilities Rights Center—NH
- NH Cares
- UNH Center for Aging and Community Living
- Oral Health Care Expansion, Children's Alliance of NH
- Self Advocacy Leadership Team (SALT)
- Mid-State Regional Coordinating Council
- Southern New Hampshire Planning Commission

Active Collaborations & Groups:

- Elder Rights Coalition
- 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

www.engagingnh.org

Medicare will not use your name if you do not want it to.

Drug Costs

The amount you pay for your drugs through your Medicare private drug plan will probably

change throughout the year. Your drug costs can change for various reasons.

- Your plan can change the cost of your drugs at any time. So, if you are paying a percentage, such as 15 percent, of the total cost of the drug (coinsurance), your costs may be different every time you go to the drug store.
- How much your plan is paying for your drugs will vary depending on which coverage period you are in.

How much your Medicare Part D plan pays and therefore how much you pay will change during the year. There are four different coverage periods for Medicare prescription drug coverage.

- •Deductible period. If your plan has a deductible, you will have to pay the full cost of your drugs (100 percent) until you meet that amount. While deductibles can vary from plan to plan, no plan's deductible can be higher than $360 (in 2016). Some plans have no deductible.
- •Initial coverage period. Begins after you meet your deductible (if your plan has one). During this period you will pay a portion of the cost of your drugs (coinsurance or copayment), which varies by drug and by plan, and your plan will pay the rest. How long you are in this initial coverage period depends on your out-of-pocket drug costs (how much you pay and how much certain others pay) and your plan's benefit structure. Most plans' initial coverage period ends after you have accumulated $3,310 in total drug costs in 2016.
- Coverage gap. After your total drug costs (what you pay and what your plan pays) reach a certain amount ($3,310 for most plans in 2016), you will reach the coverage gap. During this period your plan does not pay for your drugs. However, as a result of health reform there are federally-funded discounts that will help you pay for your drugs during this time.

  In 2016 there will be a 55 percent discount of most brand name drugs. This means you will pay 45 percent for your brand name drugs and the manufacturer plus the federal government together will pay 55 percent. For generic drugs there is a 42 percent discount. This means that for generic drugs you will pay 58 percent of the cost of the drug and the government will pay 42 percent.

  The coverage gap will be completely phased out in 2020 when you will typically pay no more than 25 percent of the cost of your drugs at any point during the year after you've met your deductible.
- Catastrophic coverage. In all Medicare private drug plans, after you have paid $4,850 in 2016 in out-of-pocket costs (regardless of your total drug costs) for covered drugs, you will reach catastrophic coverage. The costs that help you reach catastrophic coverage are:
- Your deductible
- What you paid during the initial coverage period
- Almost the full cost of brand name drugs counts (including the manufacturer's discount) during the coverage gap towards getting you to catastrophic coverage
- Amounts paid by others, including family members, most charities or other persons on your behalf
- State Pharmaceutical Assistance Programs, AIDs Drug Assistance Programs and the Indian Health Service.

While nearly the full cost of brand name drugs counts towards reaching catastrophic coverage, your monthly premium and the 35 percent generic discount are not included in the $4,850 out-of-pocket

Raise Your Voice!

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

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costs needed to get out of the coverage gap into catastrophic coverage. When you reach catastrophic coverage you will pay either a 5 percent coinsurance on the cost of covered drugs or a copay of $2.95 for covered generic drugs and $7.40 for covered brand-name drugs, whichever is greater.

Medicare Watch

Health & Wellness

PART D PRESCRIPTION DRUG PLANS

The Centers for Medicare & Medicaid Services (CMS) recently announced that the average basic premium for a Part D prescription drug plan is estimated to be $34 per month in 2017. This projected average premium is a slight increase over the average monthly premium in 2016 ($32.56) and represents the continued relative stability of Part D premiums.

Although Part D premiums remain stable, Part D costs continue to increase faster than other parts of Medicare. According to CMS, this increase is largely due to the high cost of specialty drugs, especially during the catastrophic coverage period. In all Medicare Part D plans, after the enrollee pays a certain amount in out-of-pocket costs (regardless of their total drug costs) for covered drugs, they will reach catastrophic coverage, when they pay a lower cost for their covered prescriptions. Part D plans receive capitated payments for portions of the Part D benefit, but Medicare is directly responsible for 80 percent of the cost of drugs purchased by people when they are in the catastrophic coverage period.

"Stable Medicare prescription drug plan premiums help seniors and people with disabilities afford their prescription drugs," said Andy Slavitt, acting administrator of CMS. "However, I remain increasingly concerned about the rising cost of drugs, especially high-cost specialty drugs, and the impact of these costs on the Medicare program."

For people with Medicare, they continue to see savings on their out-of-pocket drug costs due to the Affordable Care Act's (ACA) closure of the Part D coverage gap, also known as the "donut hole." To date, more than 10.7 million older adults and people with disabilities have saved over $20.8 billion (an average of $1,945 per enrollee) on prescription drugs since the ACA was enacted. *Source:* http://blog.medicarerights.org/cms-projects-relatively-stable-part-d-premiums-2017/?utm_source=MedicareWatch&utm_medium=Email&utm_campaign=Newsletters

New Painkiller Research

Scientists are one step closer to developing a painkiller without the addictive side effects of morphine: Today (August 17), scientists from several institutions including Stanford University Medical School and the University of North Carolina at Chapel Hill Medical School revealed that they have identified a compound that appears to work as a painkiller similar to morphine, but without the same affinity for addiction. Their work was published (paywall) in Nature. http://qz.com/760303/pzm21-a-morphine-replacement-that-could-help-end-the-opioid-addiction-epidemic/

NEW TO MEDICARE ALERT

With Medicare's approval , a health insurance company can enroll a member of its marketplace or other commercial plan into its Medicare Advantage coverage when the individual becomes eligible for Medicare. Called, "seamless conversion," the process requires the insurer to send a letter explaining the new coverage, which takes effect UNLESS the member opts out within 60 days. Numerous insurers are automating enrolling individuals who become Medicare eligible and while federal law prohibits marketplace insurers from dropping a member who qualifies for Medicare, both marketplace and Medicare Advantage coverage continues until the person cancels the marketplace plan. Notice of auto enrolling is sent shortly before an individual turns 65, but even if you think you have selected traditional Medicare, the new coverage becomes effective unless you opt out. While the auto coverage plan may be the right choice for you, it may not be the best choice. Source: Kaiser Health News.

URBAN LEGENDS OF AGING: LAST YEAR OF LIFE

Among the Urban Legends that will not go away, I include what I call the "last year of life fallacy." It goes like this, in the words of Josh Zepps during the recent Democratic National Convention,

Help Spread the Word!

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

Forward it on!

when he argued the America's resource allocation is in need of serious examination:

"Medicare costs more than $500 billion per annum, 30 percent of which is spent on the five percent of beneficiaries who die each year. One third of that is spent on the final month of life. The final month. I mean, you want to talk about priorities, let's just take that one datum. More than $50 million each year spent on the final month of life."

There's an old adage in business: 20% of your customers account for 80% of your revenues. It's also true for health care expenditures: up to half of health care expenditures go to the 50% of people who are sickest. And many people (e.g., like me) use almost no health care expenditures-- until we get sick, that is, which is why it's called "insurance."

The basic figures cited by Zepps are not wrong. It's just that he draws the wrong conclusions. It could well be (as I think it is) that some people are overtreated under Medicare, especially at the end of life. There are others we don't hear much about who are undertreated. In any event, it's not a surprise that the people who are the sickest are the ones who die and who cost the most in the last year (or month) of life. We just don't know when that "last" period will occur.

Reminds me of that joke where someone asks Mikhail Gorbachev: "Why weren't you at the last meeting of the Communist Party?" He answers: "I didn't know it was the last meeting of the Communist Party."

So it is: we just don't know when the "last year of life" will be.

For more, see "An uncomfortable conversation we need to have: Is the U.S. spending too much money on the elderly?" at:

http://www.salon.com/2016/07/29/an_uncomfortable_conversation_we_need_to_have_is_the_u_s_spending_too_much_money_on_the_elderly/

H.R. Moody, Editor, Teaching Gerontology, 8/20/16

SOCIAL SECURITY SIMULATION

We hear lots of ideas about how to make sure Social Security is sustainable beyond 2034, when the Trust Fund will be exhausted. But which option to choose-- raising taxes, reducing benefits, and so on-- is the question we need to address.

Now there's a valuable educational tool available for faculty and students to explore these issues: The "Penn Wharton Budget Model's Social Security Policy Simulator" developed by the Wharton School at the University of Pennsylvania. The Penn Wharton Budget Model's Social Security Policy Simulator allows users to see the results of six different policy options as well as combinations among those options, for a total of more than 4,000 different options to consider. Policies can be simulated on a either standard static basis or on a dynamic basis, and the model also includes feedback effects.

Some options include:

- Increase the Payroll Tax Rate (above current 12.4% rate)
- Increase Wages subject to Taxable Maximum (above $118,500)
- Move from current COLA to a Chained CPI
- Across-the-Board Benefit Increases or Decreases
- Progressive Benefit Reduction
- Raising the Normal Retirement Age

To see more, visit the Penn Wharton Simulation at:

http://www.budgetmodel.wharton.upenn.edu/social-security-policy/

H.R. Moody, Editor, Teaching Gerontology, 8/20/16

TOO FEW DOCTORS MAKE HOUSE CALLS TO HOMEBOUND ELDERS

The U.S. faces a critical shortage of doctors and other healthcare practitioners willing to make house calls to as many as 4 million frail, homebound Americans, a new study shows.

The healthcare workforce has yet to adapt to the needs of older Americans who increasingly choose to age at home rather than in nursing facilities, the report finds.

The Health Affairs study is one of the first to examine the use of home-based medical care in the U.S.

"This paper really shows us that access to home-based healthcare is extremely limited, highly concentrated and just not available to all who need it," said Katherine Ornstein, a professor of geriatrics and palliative medicine at the Icahn School of Medicine at Mount Sinai in New York, in a phone interview. Ornstein was not involved with the new study.

In 2010, at least 53 percent of Americans lived more than 30 miles away from full-time providers of home-based medical care, the research shows. Some states, including many in the Midwest, had no healthcare professionals who made 500 or more home visits a year.

Researchers used 2012 and 2013 Medicare payment data to identify healthcare professionals' home-based medical visits and examined workforce and geographic variations.

Only about 470 primary-care providers, or about 9 percent of them, appeared to devote their practices to visiting patients at home. They performed nearly half of 1.7 million home visits in 2012 and 2013, averaged about 1,600 house calls a year and were paid about $167,000 annually by Medicare, the study found.

Although prior research has shown that more frail Americans live at home than in nursing homes, seven times more primary-care doctors visited nursing homes than made house calls, the study found.

Internal medicine physicians made about 8 million nursing-facility visits, compared to about 500,000 home visits in 2012, the data showed. Medicare paid them $500 million for nursing facility visits, compared to $50 million for home visits.

"The pattern of care doesn't match the size of the population," Ornstein said. "Not only doesn't it match – it's way off."

"We're in this exciting time of health-care reform, and we have to develop new service-delivery models," she said.

Doctors visited patients at home for generations, Nengliang (Aaron) Yao, the study's lead author, told Reuters Health.

Yao, a health-policy professor at the University of Virginia School of Medicine in Charlottesville, added, "This is not a new model. This is an old model. In the old days, the doctor went to visit patients' homes on horseback."

Doctors discover details about patients' needs during home visits that they are unlikely to see in an office setting, Yao said. One geriatrician told him a home visit revealed that a patient required no medical intervention, just an air conditioner.

"I've talked to many home-care medical providers," Yao said. "They're happy because they really feel they help their patients."

Yao envisions a new medical specialty: home-based elder care.

The combination of longer life spans and aging baby boomers is expected to bring the number of older adults to an unprecedented 20 percent of the U.S. population by 2030, according to the federal Centers for Disease Control and Prevention.

bit.ly/2afmrjp Health Affairs, online August 1, 2016.

25 HABITS LINKED WITH HAPPINESS

http://www.independent.co.uk/life-style/here-are-25-habits-that-psychologists-have-linked-with-happiness-a7177536.html

SEVERE PARALYSIS PARTIALLY REVERSED

Paraplegic patients recovered partial control and feeling in their limbs after training to use a variety of brain-machine interface technologies, according to new research published in the journal "Scientific Reports."

The researchers followed eight patients paralyzed by spinal cord injuries as they adapted to the use of the technologies, which convert brain activity into electric signals that power devices such as exoskeletons and robotic arms. Between January and December 2014, the patients used virtual reality scenarios and simulated tactile feedback exercises to train their minds.

"To our big surprise, what we noticed is that long-term training with brain-machine interfaces triggers a partial neurological recovery," said Dr. Miguel Nicolelis, a professor of neuroscience and biomedical engineering at Duke University, according to a statement from Duke. "What we didn't expect and what we observed is that some of these patients regained voluntary control of muscles in the legs below the level of the lesion and regained sensitivity below the level of the spinal cord injury."

The researchers believe that the training in effect rewired the circuitry in the brain, giving it new ways to communicate with parts of the injured body.

"We may actually have triggered a plastic reorganization in the cortex by re-inserting a representation of lower limbs and locomotion in the cortex," Nicolelis said. "These patients may have been able to transmit some of this information from the cortex through the spinal cord, through these very few nerves that may have survived the original trauma. It's almost like we turned them on again."

"It is very encouraging," Dr. Ron Frostig, a professor of neurobiology and behavior at the University of California, Irvine, said in an interview. "It shows that not only can we train them to use their thinking to activate something to help them like a robotic arm, but now we can improve their situation even further."

Reuters, 8/11/16

MEDITATIVE ACTIVITIES THAT DON'T REQUIRE SITTING STILL

When it comes to mindfulness meditation, it can be super difficult to sit down for a period of time in silence, and that can be discourage some people from trying to meditate. Luckily, there a number of activities that have a meditative effect that don't require you to just stay still. Hobbies that require focus or repetitive motions can be just as relaxing and give you the same positive effects, and they'll likely feel more attainable to you.

"Although many people think of meditating as sitting still and noticing the breath, there are countless variations on this ancient practice," says Joy Rains, author of *Meditation Illuminated: Simple Ways to Manage Your Busy Mindover* email. "Don't like to sit still? Consider weaving 'mindful moments' into your day— times when you quiet the chatter in your mind and bring your focus into the present moment." So why meditate? Research from the journal *JAMA Internal Medicine* suggests that mindfulness meditation can help ease psychological stresses like anxiety, depression, and pain, and it can help cure symptoms of these issues by improving sleep and managing stress, according to Harvard Health. If you think you could benefit from some meditation in your life, consider taking up one of these 11 activities that can be very meditative.

1. Walking: "A walking meditation can be done most anywhere, anytime, even for just a couple of minutes," says Rains. "Bring all your attention to the soles of your feet as they touch the ground. World-renowned meditation teacher Thich Nhat Hanh says to 'walk as if the soles of your feet are kissing the Earth."

2. Eating: Being mindful when you're eating can not only make the process more enjoyable, but it can help prevent binge eating and other eating disorders as well, according to Harvard Health. "When you eat, bring all your awareness to the process of eating: the pace of your eating, the taste and smell of the food, the colors of the food on your plate," says Rains. "You may want to chew slowly, finish-

ing one bite before eating the next."

3. *Cleaning:* Whether you're doing the dishes, vacuuming, or mopping the floor, use the repetitive motions of cleaning to lull you into a meditative state. "Notice the movement of your arms as you sweep, or the sounds of the broom swishing over the floor's surface, or the way the bristles on the broom meet the ground," says Rains. "Notice the soapy water and how it smells, notice the temperature of the water, and the surface of the dish as it gets clean."

4. Adult Coloring Books: "This an excellent opportunity to monotask (i.e. do one thing at a time)," says Jen Kluczkowski, the CEO/co-founder of Mindfresh over email. "This gives your brain a break and strengthens your attention span."

5. Crafts Like Knitting: There's a reason why so many people enjoy siting for hours with their knitting needles. "These are certainly creative hobbies, but because they have a fair amount of repetition in them, they can be very effective to help bring you to a meditative state," says John Turner is CEO/Founder of QuietKit over email.

6. Dancing: "Moving to the beat of your favorite album can help you reach a meditative state," says Turner. "Find a favorite playlist with a steady beat that you can go back to over and over again." Music around 60 beats per minute can cause the brain to synchronize with the beat, causing alpha brainwaves, which leave you feeling relaxed and conscious, according to the University of Nevada, Reno.

7. Focusing On A Single Object: "This actually fits into a type of meditation, but most people don't think of this as such, and it really can be done anywhere," says Turner. "It could be watching a tree sway in the breeze, the flame of a candle move about, or water coming out of a fountain."

8. Gardening: Planting seeds and pulling weeds can be relaxing and meditative if you take the time to hone your focus on what you're doing and appreciate the beauty of the great outdoors. A study from the *Journal of Health Psychology* found that gardening leads to decreased cortisol levels and more positive moods.

9. Reading A Book: Getting caught up in a good fictional book can help take your mind away from any life problems. This can help you slow down and relax without having to worry about what is going on in the outside world.

10. Brushing Your Teeth: Brushing your teeth doesn't require you to focus on the details of what you're doing, so take this brief time to become aware of your actions and what you are feeling. This will ensure you are becoming mindful a least twice a day! *11. Shopping:* Shopping is a great way to pay attention to the sights and sounds around you. "Notice what you hear in the store, including the sounds of shoppers, salespeople, music, and conversation," says Rains. "Notice smells. Notice the colors and shapes of the goods being sold."

Next time you need some relaxation, don't feel like you need to sit in the corner and close your eyes — try one of these activities instead.

Carina Wolff , www.bustle.com

ENH welcomes all points of view and invites your submissions.

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10 GOOD THINGS ABOUT GETTING OLDER

At just about any age, we make up our minds just how happy we want to be. There are the days of childhood, where we whine that we just want to be all grown up, so we can do what we want. When we're in college, we want to graduate so we can work and have money already. When we're working, we dream about the day we can finally retire.

If we sit down and ponder just what it is we like about the very stage of life we're in, it's not very hard to find some jewel moments.

I say, let's forget the commercials telling us we have to fight getting older. We can like our lives as they are right now. To that end, I decided to sit down and list the things I like about getting older. With notebook in hand and my pen clicked and ready, the ideas began to flow. Even after writer's cramp set in from furiously scribbling for 15 minutes, I couldn't

stop. I wrote until my thoughts were exhausted.

The following are my top ten things to really like about getting older. If you want to know the other 90 or so, gimme a call and we can talk.

1. I've become less emotional and more thoughtful with my decisions. There's good reason for this. Our bodies make less adrenaline, testosterone and estrogen as we age and all of this newfound level headedness feels soooo good. I do not miss the drama-queen, gnashing-teeth, decision-making days of my 20s and 30s. Or 40s. Stupid hormones!

2. I no longer sweat the small stuff. I've been around the block not just once, not just twice, but maybe three and a half times. I know by now that a lot of what I worry about just never rears its ugly head. That alone has reduced my anxiety immeasurably. I've become the "What? Me Worry?" hippie chick of the '60s. Minus all of the pot smoking.

3. I can go shopping for what I need in my favorite store: my basement. I've spent a lifetime accumulating this and that, and for whatever occasion that calls for a particular gift, chances are, I have something to throw at it, downstairs. Much of it is "vintage," which is a fancy word for "stuff laying in your basement for more than 20 years."

4. I've become kinder to myself. This may be my favorite thing of all. I've become far less judge-y, more loving, respectful and in awe of all I've endured and triumphed over. Yes, this is definitely my favorite thing. I think I'm going to give myself a very big hug now. Mmmmm, that feels so good.

5. Liking myself. I've spent a lot of time developing a personality and I like it. To my absolute surprise and delight, I like me. (Also see #4 above.)

6. I no longer drool over — or covet — fashion must-haves. I've seen style trends come and go, and I know by now that this year's peplum work suit is next year's closet embarrassment. Now I shop for the classics, spend less money, have fewer things in my closet and yet, miraculously, have more to wear than I've ever had before.

7. I have so many good stories to tell. I'll never again have to worry that I won't have anything to say at a party where I don't know anyone. I have so many stories stuck in my back pockets, my front pockets, my shirt pocket, up my sleeves ... I've never been more interesting than I am today. And I don't mean that in any type of an arrogant way. It's just that I have lived.

8. All my years of living make me sound smart. All of those days of learning, making mistakes and getting back up again and learning some more make me sound like Madame freaking Curie. We all know that it's just the formula of life, but it's impossible to have that knowledge until you've been through the meat grinder once or twice or a million times.

9. I no longer need to keep up with the Joneses. At this late date, all of my cards are on the table and the risk of being threatened by what someone has or who they are disappeared years ago. I'm OK with what I can and can't do, what I have or don't have. There's no need for me to preen about my accomplishments or possessions.

10. It's safe (and fun) to flirt. I'm in the middle ground of being the mother of teens and old enough to where I can safely tell someone they look great and not have them worry that I'll go full-blown, crazy girl-crush on them. A simple "thank you" is the proper response to a compliment by a woman my age. Like I said, I could go on and maybe I will. I'm planning to pitch a Part II to my editor. After all, all I have to do is tell him he has a nice voice and that his profile picture looks especially rugged today.

AARP, Life Reimagined

Tech Tips

SHOULD YOU CHARGE YOUR PHONE OVERNIGHT?

Chances are, you plug in your phone before you go to bed at night, thinking it's best to greet the morning with a fully charged device.

Is this a good idea?

That depends.

Here's the thing. Many people don't expect to keep their phones for much longer than two years.

For the most part, experts say, those people are not going to notice much damage to their phone batteries before they start hankering for a new device.

If that sounds like you, feel free to charge every night, and as often as you like in between.

But frequent charging takes a toll on the lithium-ion batteries in our phones. And it's not because they can be overcharged, said Edo Campos, a spokesman for Anker, which produces phone chargers.

"Smartphones are, in fact, smart," Mr. Campos said. "They know when to stop charging."

Android phones and iPhones are equipped with chips that protect them from absorbing excess electrical current once they are fully charged.

So in theory, any damage from charging your phone overnight with an official charger, or a trustworthy off-brand charger, should be negligible.

But the act of charging is itself bad for your phone's battery.

Here's why.

Most phones make use of a technology that allows their batteries to accept more current faster. Hatem Zeine, the founder, chief scientist and chief technical officer of the wireless charging company Ossia, says the technology enables phones to adjust to the amount of charge that a charger is capable of supplying.

The technology allows power to pulse into the battery in specific modulations, increasing the speed at which the lithium ions in the battery travel from one side to the other and causing the battery to charge more quickly.

But this process also leads lithium-ion (and lithium-polymer) batteries to corrode faster than they otherwise would.

"When you charge fast all the time, you limit the life span of the battery," Mr. Zeine said.

Is there a solution?

If you're intent on preserving a lithium-ion battery beyond the lifetime of the typical phone or tablet, Mr. Zeine suggested using a charger meant for a less powerful device, though he couldn't guarantee that it would work.

"For example, if you used an iPhone charger on an iPad Pro, it's going to charge very slowly," Mr. Zeine said. "If the electronics are right, they can actually preserve the battery because you're always charging it slowly."

People looking to preserve their batteries should make sure their phones don't become overheated, Mr. Campos advised, because high temperatures further excite the lithium-ion in batteries, leading to even quicker deterioration.

Apple's website says temperatures above 95 degrees Fahrenheit (or 35 Celsius) can "permanently damage battery capacity."

Both Mr. Zeine and Mr. Campos noted that given the constant demand for new cellphones, charging overnight might not be a point of great concern for many people. "All this actually doesn't make a huge difference for consumers," Mr. Campos said, citing a 2015 Gallup survey showing that 44 percent of smartphone users planned to upgrade their devices as soon as their providers allowed it — usually after two years, about the length of time it takes for batteries to start showing signs of wear.

Jonah Engel Bromwich, NY Times, 8/22/16

"WHEN THE GRANDKIDS AREN'T AROUND TO HELP YOU"

This intro caught our attention. Looking for some easy to follow instructions for using your computer or iPhone? Things like transferring photos between devices, enlarging screen images, burning a CD, or tricks and tips for iPhones? Check this cite out: www.GoldenYearsGeek.com.

Who is the Golden Years Geek? Meet Pat Moore: "Having reached Medicare age himself, Pat saw the need for simple technical tutorials for senior citizens and created GoldenYearsGeek.com"

(Editor's note: Have you come across websites or other sources that you would recommend? Please let us know)

Dollars & Sense

DO YOU KNOW YOUR CREDIT SCORE

Your credit reports matter. Credit Scores may affect your mortgage rates, credit card approvals, apartment requests, or even your job application as well as helping you catch signs of identity theft early. The only federally approved site for your free credit report is: https://www.annualcreditreport.com/index.action

CAN YOU SELF-INSURE FOR LONG-TERM CARE?

The odds are worrisome. The typical 65-year-old can expect to live another two decades and has a 52 percent chance of needing some type of long-term care services and support at some point.

According to Melissa Favreault of the Urban Institute and Judith Dey of the U.S. Department of Health and Human Services, the average tab for long-term care is $138,000. Medicare covers hardly any of that cost. Medicaid does, but only for the impoverished.

Insurance is the classic financial planning solution for handling an uncertain risk that comes with a potentially large price tag, yet only about 10 million Americans have long-term care insurance, according to the American Association for Long-Term Care Insurance.

Put somewhat differently, 3.2 million boomers celebrated their 65th birthday last year while the insurance industry sold only 100,000 long-term care insurance policies. Problem is, the relatively small number of insurers that write long-term care policies have been hiking premium prices and reducing benefits. The effect: long-term care insurance policies are too expensive for many modest and middle-income households.

It's not too late to plan to live in a community and to be more efficient with resources.

— Robyn Stone, executive director of LeadingAge

What if you're among the millions of boomers who find the cost of long-term care insurance too steep for your household budget? Are there viable alternative strategies — ways of creating your own DIY insurance plan? Yes, but it takes planning and creativity.

Where to Start? By Starting

What can you do on your own to protect yourself against potential long-term care expenses ? You can build a healthy margin of financial safety by focusing on savings and spending, especially by thinking through your living arrangements in your elder years. You'll also want to carefully evaluate your support system of family and friends, as well as investigate the convenience and cost of long-term care services in your community.

"You need to proactively plan and not just wait," says Robyn Stone, executive director of LeadingAge in Washington, D.C.

Ross Levin, a Certified Financial Planner and founding principal of Accredited Investors in Edina, Minn., adds, "The key is to reduce risk."

Savings help, of course. But if you're in your 50s or 60s, don't worry too much if you're not flush with savings yet. You still might have another two to three decades to increase your savings; long-term care expenses usually don't kick in until around age 80.

You can probably find at least some money to set aside with the kids out of college. Many boomers are earning an income well into the traditional retirement years, usually from part-time and contract work.

"Start thinking, 'Can I put a little more money aside than I have been?'" says Howard Gleckman, senior fellow at the Urban Institute, and an authority on long-term care costs.

Hold on to Home Equity

The really rich lode of potential savings is on the *spending* side of the equation.

Years ago in an interview, Harry West, now chief executive officer of Frog Design, captured an insight about spending that belongs at the core of any DIY plan for financing long-term care: "When you talk to boomers, what you find is that freedom [from debt] is really, really important," West said. "Freedom is a low overhead."

Jonathan Guyton, a Certified Financial Planner and principal at Cornerstone Wealth Advisors in Edina, Minn., puts a practical spin on that view. "Look at your expenses," he says. "This isn't fancy stuff. But if you plan well, you'll have more resources."

The key decision is where to live. After all, the home is the single largest expenditure for most households. "At home" is also far and away the most popular answer to where we want to be as we age. In a recent AARP survey of 1,600 people 45 and older, 73 percent said they would like to stay in their current residence.

With that goal in mind, it pays to get rid of your mortgage if you can. Among the 65-plus population, 65 percent own their home free and clear.

You don't want to tap your home equity, either, since it's the foundation of the household safety net. "Maintain your home equity until you really need it," says Gleckman.

That said, "aging in place" at home isn't necessarily the best idea when fashioning a DIY long-term care plan. Remember, these expenses typically begin in your 80s, a time of life when social isolation is a growing concern, especially if mobility is limited.

"How much does aging in place become *stuck in place*?" asks Stone. "You don't want to be lonely."

Housing with Community and Cost-Sharing Built In

Stone recommends looking at co-housing, cooperative housing, home-sharing, shared residences and other communal living arrangements that reduce the overall cost of living and offer a built-in community. These living arrangements have largely operated on the society's fringes, but they're moving toward the mainstream.

"It's not too late to plan to live in a community and to be more efficient with resources," Stone says. For instance, home sharing involves renting out a room or part of the home to housemates, a way to bring companionship and additional income into the home.

Co-housing communities are another intriguing alternative. The community is planned by a group of people who choose to live together. It typically has large common spaces, such as a dining room, kitchen and garden and each household owns its own small place for independence and privacy. The financial advantage of co-housing lies in sharing some tasks and costs, such as grocery shopping and cooking meals. Everyone saves on his or her utility and maintenance costs.

A survey of 200 co-housing residents found a minimum monthly cost savings of $200 per household, according to the Fellowship for Intentional Community. At an annual compound rate of 2 percent, that adds up to nearly $27,000 in 10 years.

The co-housing model and similar communal arrangements are not the kind of long-term care you'd find in a nursing home. But they do offer a creative, low-cost way for neighbors to take care of neighbors.

When Charles Durrett, 60, an architect and co-author of *Creating Cohousing: Building Sustainable Communities* who lives in a co-housing community in Nevada City, Calif., recently fell and hurt his leg, he put out an email that he needed crutches and several were soon at his door. Residents would willingly bring a meal to his home if he needed it. In a number of communities, Durrett says, residents will share the expense of a professional caregiver.

"Co-housing is not only the best solution I know, it's the most favorable from a quality-of-life point of view," he says. "I've watched how seniors take care of each other."

Living with Less, Happily

There are other ways to reduce living expenses and add to cash flow. It's well documented that people spend less on stuff as they age, including clothes, jewelry and furniture.

People in their 60s and 70s do engage more with experiences, like travel, taking art lessons, volunteering in the community, mentoring younger workers and spending time with friends and family. In other words, embracing a frugal or thrifty lifestyle doesn't signal a lower standard of living — far from it.

A letter writer to The New York Times several years ago put it nicely: "You can get by on a lot less when you're retired, without really depriving yourself of anything important," he said. "If I had known earlier how much 'wealth' derives from such simple pleasures, I would have retired much sooner."

A 2014 survey by the mutual fund company T. Rowe Price bears this

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www.engagingnh.org

out. Among the boomers who'd retired in the previous five years, many reported that their households were living on less than the 70 to 80 percent of pre-retirement income that financial planners and retirement experts assumed they would need. Four out of 10 were living on 60 percent or less of their pre-retirement earnings.

Disaster, right? Hardly. Despite their reduced incomes, these retirees said they were satisfied with how they were doing and agreed they "don't need to spend as much" as they did before.

Add a Thin Layer of Long-Term Care Insurance

You'll also want to talk to your children, relatives and longtime friends about long-term care. How much can you realistically rely on them to help out if needed? In addition, you should research what kinds of services for long-term care are available in your community, basics like transportation but also opportunities to engage with people in the area. "Think about community in ways that take advantage of generations," says Stone.

Now, I want to circle back to long-term care insurance. Let's say you've embraced this basic DIY plan that involves working a bit longer, spending a bit less, saving a bit more and placing yourself into a community of mutual support. At this point, revisit the idea of purchasing long-term care insurance. Does it make sense to add a thin layer of coverage on top of your DIY plan?

You can lower the monthly premium by opting for a benefit that lasts for less than five years with a reduced daily benefit, for example. "You're filling in a gap," says Guyton.

Here's the kicker: The elements that go into a DIY long-term care financing plan include everything that all of us, except for the wealthiest sliver of society, need to think about regardless of long-term care as we enter the second half of life.

Chris Farrell, Next Avenue Blogger, 5/6/16

Laugh & Live Longer

RIDDLES

Q: What did the DNA say to the other DNA?

A: Do these genes make my butt look fat?

Q: What did the farmer use to make crop circles?

A: A Protractor.

THANK GOD!

A little girl got on her grandpa's lap and said, "Did God make me?"

"Yes," the grandpa replied."

"Did God make you too?"

"Yes," the grandpa said.

"Well," the little girl said, looking at his wrinkles and thinning hair.

"He sure is doing a better job nowadays!"

PUT ON YOUR THINKING CAP

A bear walks into a bar and says to the bartender, "I'll have a pint of beer and . . . a packet of peanuts."

The bartender asks, "Why the big pause?"

(This might take a minute to get Try reading it out load!)

WHAT NOT TO WEAR AFTER AGE 50

You won't find these tips in a fashion magazine, but they will make you look and feel better

Google 'what not to wear after age 50' and you will have your pick of thousands of articles telling you what looks terrible on your old body.

I want to point out to the writer who wrote the 'no-no' article, you need to remember you are writing for over 50 women, not preschoolers. I don't think I've said 'no-no' since my youngest was a toddler.

We could spend hours studying the clothes we shouldn't wear and the slang we shouldn't use and the makeup techniques we need to retire.

Here's me, weighing in on this topic.

You are over 50 for goodness sake. Wear whatever you want. If you've made it to 50 and still need to consult articles on how to dress appropriately then you are so missing out on one of the best things about being over 50. One of the best things about getting older is realizing that we don't have to spend our energy worrying what other people think and we get to

be comfortable in our own skin with our own freak flags.

Still, there are a few things that women over 50 really shouldn't wear:

1. The weight of the world.

When you wear the weight of the world on your shoulders, you age.

If you like the feel of the world's weight and don't want to give it up, then try scaling back a bit. Perhaps just wear the weight of a few of the smaller continents. For instance, I am only wearing the weight of Australia and a made up country called 'Michelloponia'. I think they have a slimming effect.

2. Shame and regret.

So few people can carry this look off. Most of us just end up looking haunted or like we were forced to eat liver and onions.

Shame and regret are especially hard to wear after fifty. Wearing shame and regret past fifty is one of those things that make your eyes all red and runny looking. The downward spiral just snowballs from there. Once the eyes get old lady looking, then you have to re-evaluate the wisdom of black eyeliner. I say give up wearing shame and regret and keep wearing black eyeliner.

3. Rose-colored glasses.

Oh, sweetheart, you know who you are. Those glasses do nothing for you.

Not only do they make your look like you've been smoking weed for days, they also keep you from examining life and your surroundings realistically. Yes, reality sucks, but by the time we hit fifty, we need to suck it up, take those glasses off and punch reality into submission. Or just get some really big dark sunglasses instead. They cover all manner of sins.

4. Stiff upper lip.

There is a time and a place for the stiff upper lip, but damn, it can't be worn all the time.

Too much stiff upper lip causes those funky vertical lines between your upper lip and your nose holes. We don't always have to be stoic. I'm not suggesting that you wear your heart on your sleeve, but that is a much softer look than wearing a stiff upper lip.

5. Too many hats.

Personally, I can't pull off wearing one hat, much less many hats. I don't have a hat head. My hair poofs out and my ears look like car doors when I wear a hat.

Wearing too many hats just exacerbates these issues. When you wear too many hats, it's easy to forget which hat you're wearing. For instance, are you wearing the "no nonsense corporate" hat when you meant to wear your "quirky and kicked back" hat? We're not getting any younger, you know. Sooner or later you're going to accidentally wear your court jester hat to the gynecologist and then where will you be? I'll tell you where you'll be. You'll be in an undignified position and wearing a stupid hat is where you'll be.

6. Resting bitch face.

Hahahahaha. Just kidding. Wear that one all you want. Although, it wouldn't hurt if every once in a while, you had a welcoming and kind look on your face. At least that's what I hear from other people.

There isn't anything wrong with getting advice about updating your look or what to wear, but we are just inundated with that stuff, aren't we?

Who says what is appropriate? From where I sit, it seems 'appropriate' changes based on geography, social status, income and size. After a while, the advice becomes a confusing blur. I think I'll just keep wearing my Keds and jeans and black tee shirts.

Oh, I do have one real tip. Stop wearing holiday themed clothes. Seriously.

Michelle Combs, Next Avenue, 7/26/16

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.

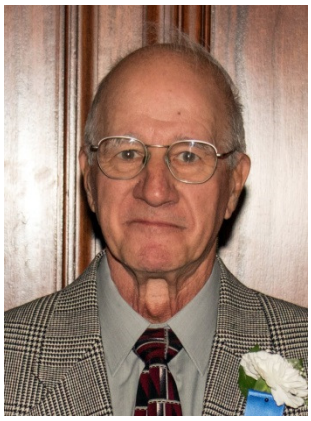
Purposeful Living

St. Vincent de Paul Rehabilitation and Nursing Center nominated Ronald "Duke" Duchesne for the Joseph D. Vaughan Volunteer Award.

Duke comes in every day to help in any way needed and has been a dedicated volunteer for four years. Duke is so dedicated; he often comes in before the staff to start working.

He assists with activities by helping residents to play bingo, card games, physical games, social parties, the craft sale, the Lancaster Fair, fishing outings, the family BBQ and with any tasks asked of him. The annual fishing outing goes much smoother with Duke taking all the fishing poles and tackle home and making sure each one is fishing ready. Duke also cleans the fish and a fish fry is enjoyed by all,... in part due to his efforts.

Duke is a special person who has become a fixture at St. Vincent de Paul. Staff and residents know him by name and everyone enjoys having him around. He is a very humble person who does not like to be recognized and is our unsung hero. As a Christmas gift for Duke, his son and family recently donated to the Activities Department. They stated they *never know what to get him* and this was just what he would want. They wrapped up a package and when Duke opened it and read that a donation was made in his name, it was very obvious as to how much it touched him. His wife and family have said we are



Ronald "Duke" Duchesne

helping him as much as he is helping us.

Just one example of Duke's kindness and caring nature is when he played cribbage with "Bella," a resident who had a difficult time holding her cards. He was so patient with her, helping her place her cards and move her pegs. They had a running joke going that Duke often lost both games and that she often skunked him. She loved to play cribbage and it gave both of them much enjoyment and kept her mind sharp.

Duke has become much more than a volunteer. He has become a part of the St. Vincent family. Thank you does not seem enough for the service this man gives from his heart. He is so deserving of this special honor. Duke has stated that he loves to volunteer and he is thankful to have St. Vincent's, in fact it is St. Vincent's who are lucky to have Duke.

Thank you Duke!

Board Notes

There is a term that has become more common these days: synchronicity. Perhaps you've heard of it and undoubtedly experienced it.

It refers to having experiences in which "coincidences" seem to line up. Things like you see a number that sticks in your mind; later that day your purchases add up to that number; and then get a message on your phone. You guessed it - the phone number ends in same the number you've seen all day.

That's synchronicity. Sometimes it's just amusing and sometimes it makes you stop and think. The synchronicity theme appeared as we worked on this issue of the newsletter was around communication. It made us stop and think.

It's what prompted the choice of Owen Houghton's article, on communicating with those enduring the trials of Alzheimer's disease. *(and thanks to reader Barbara Richardson foe sending us the clipping from the August 14, 2016 edition of the Keene Sentinel,)*

A couple of days after the clipping arrived, this delightful and pertinent quote from Ruth Bebermeyer showed up in a daily on-line quote:

> "Words are windows, or they're walls,
>
> They sentence us, or set us free. When I speak and when I hear, Let the love light shine through me."

As well as this tip from Liz Kingsnorth:

> "Everything that is in our heart and mind is expressed through our body, our facial expressions, the tone of our voice, and the vibrations that emanate from us. All these are intuitive-

ly picked up and understood by others.

Are our words in harmony with these subtler elements? We are manifesting our consciousness at every moment. To have connection, understanding and harmony in our relationships, we need to nourish those aspects deeply within ourselves."

(http://www.heartfulnessmagazine.com/10-tips-for-effective-communication/)

There were several other synchronistic quotes, articles and insights all containing and reinforcing many of the same ideas.

But it is perhaps the tip from Liz Kingsworth that we also need to be reminded of. Research shows that our emotional vibration can be felt for a significant distance, perhaps up to 75 feet! As we pay attention to improving how we communicate, especially with those dealing with dementia we'll leave you with this last quote:

"Make sure your worst enemy doesn't live between your own two ears." (Laird Hamilton)

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