



A Citizen Voice for the
Aging Experience

September 2017
Volume 11, # 9

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ENGAGING NH NEWS

GUEST OPINION:

MY 50th YALE REUNION

by HR Moody

Earlier this month I attended my 50th reunion in New Haven, and it was a kaleidoscope of impressions. There were surprises: some classmates in wheelchairs, canes or walkers. There were jokes: "How can you retire from AARP?" There were questions: prostate issues, how to get a good hearing aid, what about senior living facilities? Suddenly, a gerontologist becomes popular! There were unexpected destinies: one classmate (George Pataki) became Governor of New York, while a roommate ended up in an assisted living facility. And there were those absent for reasons of mortality. The Memorial Service brought tears to my eyes, not only for the classmates I had known but for those I would now never have a chance to know.

I have gone to these reunions over the years, joking that I ought to get a tax deduction--it's longitudinal research, isn't it? But joking aside, our class secretary, with insight, told me that the theme of our reunion might be death (if we could ever talk about it). We're getting closer, in more ways than one. At the 25th reunion, the Yale men were all "masters of the

*I've spent most of my life
preparing for old age*

universe." By the 50th reunion, there was far more vulnerability, and, interestingly, it became much, much easier to talk to strangers. Even before speaking, we shared a common bond. The history of graduating in the class of 1967 put us all just a bit ahead of the Boomers: we were a transition cohort from the old Yale to the new. And now we were living in a world we could never have imagined.

I think of my beloved mentor, the late Prof. Rose Dobrof, founding Editor of the Journal of Gerontological Social Work. As

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Rose neared the age of 90, she he told me "I've become what I used to teach about."

So it is for this gerontologist: I feel as if I've spent most of my life preparing for old age. And now I find it surprising, paradoxical, filled with discoveries, something unknown to me. I recall the last lines of Jung's autobiographical Memories, Dreams, Reflections: "I am astonished, disappointed, pleased with myself. I am distressed, depressed, rapturous. I am all these things at once, and cannot add up the sum." And I'm only 72! Thank you, my readers, for letting me share this journey with you.

Harry (Rick) Moody, is with the Creative Longevity and Wisdom Program of Fielding Graduate University; he writes a newsletter distributed by the Gerontological Society of America.

NH Updates

PUBLIC HEARINGS FOR 10-YEAR TRANSPORTATION PLAN

(from the New Hampshire Business Review, via GSIL):

The Governor's Advisory Commission on Intermodal Transportation has announced a schedule of public hearings to be held across New Hampshire on the update of the state's 10-year Transportation Improvement Plan.

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.

The commission membership is made up of the five executive councilors and Victoria Sheehan, commissioner of the NH Department of Transportation.

Meeting action items will include a presentation and update on the draft 2019-2028 plan and discussion of next steps to be determined by the commission and NHDOT.

The series of hearings will begin on Monday, Sept. 11, in Merrimack and conclude on Thursday, Oct. 26, in Manchester.

At the hearings, the commission will receive public comments on transportation projects and priorities included in the draft 2019-2028 plan as recommended by the NH Department

of Transportation to the commission.

This is a great opportunity to make your voice heard and make a push for Complete Streets initiatives, enhanced public transit options, and more to improve the accessibility of our towns and state for people with disabilities.

Documents related to the 10-year plan will be available for review on the NHDOT website prior to the first public hearing or by contacting the agency's Bureau of Planning and Community Assistance at 603-271-3344.

Those not able to attend the meetings can submit written testimony no later than Thursday, Nov. 6, to:

William E. Watson
Bureau of Planning and Community Assistance
NH Department of Transportation
John O. Morton Building
7 Hazen Drive

ENH NEWSLETTER-SEPTEMBER 2017

P.O. Box 483
Concord, NH
03302-0483

**Public Hearing Schedule
for 2019 - 2028 Ten
Year Plan**

District 5, Councilor David
Wheeler, (Mon) 9/11/17,
Merrimack, 7:00 PM
Merrimack Town Hall-West
Wing
Matthew Thornton Room
6 Baboosic Lake Road

District 4, Councilor Chris-
topher Pappas, (Thur)
9/14/17, Londonderry,

7:00 PM
Town Office Council Cham-
bers
Moosehill Room
268B Mammoth Road

District 3, Councilor Russell
Prescott, (Mon) 9/18/17,
Kingston, 7:00 PM
Kingston Community Li-
brary
56 Church Street by GPS
Actual address: 2 Library
Lane

District 1, Councilor Joseph
Kenney, (Tue) 9/19/17, Er-
rol, 9:00 AM

Errol Town Hall
33 Main Street
District 1, Councilor Joseph
Kenney, (Tue) 9/19/17,
Berlin, 2:00 PM
City Hall Auditorium
168 Main Street

District 1, Councilor Joseph
Kenney, (Tue) 9/19/17,
Conway, 7:00 PM
Town Hall, Upstairs
1634 East Main Street

District 2, Councilor Andru
Volinsky, Co-Hosted with:
District 5, Councilor David
Wheeler, (Wed) 9/20/17,



This Chair Rocked NH!!



An audience of 200 community mem-
bers were fully engaged at the recent
Monadnock Sumer Lyceum Program
on Ageism.

Above: Brooke Holton, Alliance for
Health Aging/St Joseph Community
Services; Moderator, Barbara Salva-
tore, EngAGING NH; Speaker Aston
Applewhite; Kelly LaFlamme, Endow-
ment for Health.

To hear the podcast, go to:
[http://www.monadnocklyceum.org/co
ntent/ashton-applewhite](http://www.monadnocklyceum.org/content/ashton-applewhite)

ENH NEWSLETTER-SEPTEMBER 2017

Keene, 12:30 PM
Keene Parks and Recreation
312 Washington Street,
Room 14

District 1, Councilor Joseph
Kenney, (Thur) 9/21/17,
Lebanon, 7:00 PM
City Council Chambers
51 North Park Street 5th
Floor

District 2, Councilor Andru
Volinsky, (Thur) 9/28/17,
Dover, 4:00 PM
Dover City Hall
Auditorium
288 Central Avenue

District 2, Councilor Andru
Volinsky, Co-Hosted with:
District 1, Councilor Joseph
Kenney, (Thur) 9/28/17,
Rochester, 7:00 PM
Rochester Community Cen-
ter
150 Wakefield St-Room 1A

District 4, Councilor Chris-
topher Pappas, (Mon)
10/2/17, Bedford, 7:00 PM
Bedford Cable and Meeting
Room
10 Meetinghouse Road

District 2, Councilor Andru
Volinsky, Co-Hosted with:

District 4, Councilor Chris-
topher Pappas, (Wed)
10/4/17, Concord, 7:00 PM

NH Department of Trans-
portation
Room 114
7 Hazen Drive

District 1, Councilor Joseph
Kenney, (Thur) 10/5/17,
Littleton, 9:00 AM

Littleton House Heald
Room
120 Main Street

District 1, Councilor Joseph
Kenney, (Thur) 10/5/17,
Plymouth, 2:00 PM
Town Hall – Upstairs
6 Post Office Square

District 1, Councilor Joseph
Kenney, (Thur) 10/5/17,
Laconia, 7:00 PM
City Council Chambers
Room 200-A
45 Beacon Street East

District 3, Councilor Russell
Prescott, (Thur) 10/12/17,
Newmarket, 7:00 PM
Newmarket Town Hall
186 Main Street

District 3, Councilor Rus-
sell Prescott, (Mon)
10/16/17, Hampton, 7:00
PM
Seashell Complex
Ocean Front Pavillion Room
170 Ocean Boulevard

District 5, Councilor David
Wheeler, Co-Hosted with:
District 2, Councilor Andru
Volinsky, (Wed) 10/18/17,
Peterborough, 7:00 PM
Town Hall
1 Grove Street

District 4, Councilor Chris-
topher Pappas, Co-Hosted
with:

District 2, Councilor Andru
Volinsky, (Thur) 10/26/17,

Manchester, 7:00 PM
Aldermanic Chambers –
3rd Floor
City Hall, 1 City Hall Plaza

From Our Readers

**HARD-WON ADVICE IN
BOOKS ON AGING AND
ELDER CARE**

NYT article covers 4 books:
"Being Mortal," by Atul
Gawande; "The 36-Hour
Day," by Nancy L. Mace
and Peter V. Rabins; "A
Bittersweet Season," by
Jane Gross; and Being My
Mom's Mom," by Loretta
Anne Woodward Veney.
Her the link to the article:
[https://www.nytimes.com/
2017/08/18/your-
money/aging-elder-care-
books.html?emc=edit_th_2
0170819&nl=todaysheadlin
es&lid=40557200&_r=0's](https://www.nytimes.com/2017/08/18/your-money/aging-elder-care-books.html?emc=edit_th_20170819&nl=todaysheadlines&lid=40557200&_r=0's)

Kitty

**CANADIAN COMMENTS
ON OPIOIDS**

An addictions doctor in
Saskatchewan says physi-
cians need more help to
treat people with chronic
pain without prescribing
them opioids. Dr. Peter
Butt, addictions consultant
for the Saskatoon Health
Region, says new [Canadi-
an] national guidelines re-
leased in May are clear that

doctors should only use opioids as a last resort for people with chronic, non-cancer pain.

"Which means that there needs to be better access to physical therapy, massage therapy and transcutaneous nerve stimulation," Butt says. "A lot of non-pharmacological interventions, which aren't readily available in the health-care system, need to be made more accessible to people that are struggling with chronic pain."

Butt says it's about improving function. "If you constantly chase ... chronic pain, it'll just keep on coming back, and the dose of opioids will escalate and escalate to a point that there's a problem," he says.

<http://nationalpost.com/pm/news-pmn/canada-news-pmn/doctors-say-more-support-needed-to-help-patients-reduce-opioid-use/wcm/f7f73c47-9d2d-4178-a194-de10a0e8680cnk>:

Peg

BILLS PASSED AND NOW NH LAW

On Workforce:

SB 94: addressing our emergency need for affordable and workforce

housing in New Hampshire. Status: \$2.5 million for affordable and workforce housing was included in the Capital Budget.

SB 191: bipartisan bill originally filed to financially support kindergarteners like any other grade. Late in the process, the bill evolved into the legalization of Keno, some more support for full-day kindergarten starting in fiscal year 2019, and any further support in future years contingent upon Keno gambling losses.

On Energy:

SB 129: "The New Hampshire Clean Energy Jobs and Opportunity Act of 2017", supporting our biomass, forest products and solar industries, and expanding opportunities for solar savings to low-to-middle income households.

SB 181: bill breaking down regulatory barriers to the use of biodiesel.

On Public Health:

SB 157: making it clear that substance use disorder services shall be considered part of network adequacy, and makes sure consumers and their families know where to turn to for help, including when critical behavioral health

8th Annual Friends of NHOLTCO Mini-Golf Tournament

Tuesday, September 12, 2017

10:00 am - 3:00 pm

Friends of the NHOLTCO is a non-profit organization formed in 2010. It seeks to improve the quality of life of individuals living in New Hampshire's long-term care facilities by supporting the goals of the New Hampshire Office of the Long-Term Care Ombudsman through education, volunteer support, and fund-raising.

Team registration and play may begin at any point after your arrival between 10:00 am and 2:00 pm. We are playing Chuckster's in Chichester, NH!

The top nine holes of the golf course are wheelchair accessible.

For additional information, contact Roger Vachon at skeeter4us@aol.com or 603-223-6903 or Darlene Cray at darlene.cray@dhhs.nh.gov or 603-271-4396.

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

services are not available in their network.

SB 158: breaking down insurance company barriers to medicated assisted treatment for persons in substance use recovery.

SB 161: establishing a commission to evaluate the direct care workforce and preparedness of long-term care and support services for aging adults with dementia or other cognitive brain injuries.

On Human Rights:

SB 200: meaningfully addressing NH's debtor prison problem; i.e. persons unconstitutionally being imprisoned for failing to pay a debt when they didn't have an ability to pay it.

On Public Integrity:

SB 197: bipartisan legislation to fund the enforcement of our election laws, campaign finance and transparency laws, and lobbying laws.

On Infrastructure:

SB 38: provides about \$30 million for local road support and over \$6 million in local bridge support from the fiscal year 2017 surplus.

Senator Dan Feltes

ALLIANCE FOR HEALTH AGING ADVOCACY UPDATE: 2017 LEGISLATIVE WRAP-UP

We wanted to share with you the outcome of our legislative efforts during the 2017 session.

The mini-agenda set by the AHA Advocacy Work Group for the 2017 session included:

- 1) Advocate for rate increase for home and community based providers
- 2) Protect against cuts to any existing services

3) Support passage of bills being spearheaded by other AHA members

4) Support passage of Uniform Power of Attorney Act

Together, we had a very successful session. With regard to the Work Group's highest priority—obtaining a rate increase for home and community based providers—we secured rate increases of up to 5% for Choices for Independence (i.e. case managers, adult day, mid-level residential) and non-Medicaid home and community based providers (Titles III and XX, i.e. meals, transportation, etc.) who did not receive an increase in the last biennium. Despite a collaborative effort, the providers who received an increase in the last budget (personal care service and home health) did not receive an additional increase in this budget. In addition, there were no cuts to existing services. We also helped support passage of the Uniform Power of Attorney Act (SB 230), which the Governor signed into law at the end of June.

Not identified initially in the mini-agenda, but prioritized by the group during the legislative session was SB 155, which delays implementation of Medicaid

Managed Care for long-term care and developmental disability services. A broad coalition of groups came together to pass this bill, which ensures that: a) implementation of Medicaid Managed Care for long-term care will take effect by July 1, 2019 and implementation for developmental disability services will take effect no sooner than July 1, 2019; and b) managed care contracts must be re-procured prior to implementation. To inform the next phase, the legislature approved an appropriation of \$100,000 to support the development of a "New Hampshire Partnership for Long-Term Care Plan." This plan will be developed by the NH Association of Counties in consultation with the County-State Finance Commission and "meaningful input from affected persons."

Other bills identified by AHA member organizations as priorities for passage included:

- 1) SB 161 creating a commission on the direct care workforce for long-term care - PASSED
- 2) SB 243 funding a "complete streets" pilot project - FAILED
- 3) HB 347 funding rural bus service - RETAINED

4) SB 151 prohibiting nursing facilities from requiring residents to sign mandatory arbitration agreements - RETAINED

5) HB 121 increasing the amount municipalities can collect for transportation improvements - RETAINED

We are now in the process of developing a 2018 mini-agenda. We will share a draft agenda with you once it's completed. In the meantime, please share any legislative or policy ideas you would like us to consider for 2018. Email your ideas to Dawn McKinney at dmckinney@nhla.org.

Cheryl Steinberg, NHLA

Focus on Community

FIRST U.S. 'DEMENTIA VILLAGE' RECREATES A HAPPIER TIME

Glenner Town Square's goal is to take people with dementia back to a time when they didn't feel lost. The first dementia village was created in The Netherlands in 2009 and is called Hogewyck; dementia residents and health care professionals all live in the same enclosed village. A 24/7 residential care town with several city blocks, it doesn't offer what Glenner Square founder Tarde and

team were looking for. Glenner is a day program, not a residential center. The "town" encompasses 8,500 square feet, 24 buildings and 12 storefronts — including a diner, Post Office, barbershop, pet store, library, museum and even a movie theater. In it, dementia patients will be able to spend the day exploring this world independently, in small groups or with their families. It offers a secure environment, with the watchful eye of Glenner dementia care professionals operating the storefronts and other businesses and interacting with the patients throughout the day.

The \$3 million Glenner Town Square will be built in collaboration with the San Diego Opera Scenic Studio using the artisans and production staff who create the environments and sets for the stage. It is scheduled to open in 2018 and will be the first "dementia village" in the U.S.

Tyburski advises that this is just the beginning. The plan is to build these villages first throughout California, and then to expand nationally. Other long-term care communities across the country may have a nostalgia room with décor and photos, such as The

Easton Home near Philadelphia, but Glenner Town Square will be the first planned, and completely standalone, dementia village-style environment that envelops the dementia patients in a world they know well but which has been gone for more than 50 years.

It seems appropriate that Southern California will be the site of the nation's first dementia village, and the 1950s timeframe is also suggestive of a similar genius concept. After all, it was July 1955 when a visionary named Walt Disney transformed a 160-acre orange grove in Anaheim, Calif., and created Frontierland, Adventureland, Fantasyland and Tomorrowland — a place for families to immerse themselves in other worlds. Glenner Town Square is embarking on a new era in dementia care, providing the same intergenerational opportunities and sparks of joy that are a hallmark of the Disney theme parks.

"Reminiscence therapy can be a powerful tool for dementia patients," says Dr. Peter Whitehouse, professor of neurology and neuroscience at Case Western University and president of the Intergenerational Schools International. "It

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

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
- Endowment for Health, Alliance on Healthy Aging
- NH Legal Assistance
- Department of Health & Human Services
- ServiceLink

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makes those with Alzheimer’s more content and happier because they return to a time in their lives when there was no perceived failure — a time when their memory was intact and they did not feel lost.”

http://www.nextavenue.org/dementia-village-recreates-happier-time/?hide_newsletter=true&utm_source=Next+Avenue+Email+Newsletter&utm_campaign=01008ea2d7-05_02_2017_Tues_Newsletter&utm_medium=email&utm_term=0_056a405b5a-01008ea2d7-165157349&mc_cid=01008ea2d7&mc_eid=9a0a0d63b6

GLOBAL AND LOCAL

In the face of growing pressure from large global companies to become a "mono-culture consumer world", there is growing disgruntlement and a new movement, Localization. Localization has become a force around the world with emphasis on supporting the uniqueness of communities and local economies.

Local Futures/International Society for Ecology’s mission is to protect and renew ecological and social well-being by promoting a systemic shift away from economic globalization towards localization. Through its "education for action" programs, Local Futures/ISEC develops innovative models and tools to

catalyze collaboration for strategic change at the community and international level.

<http://www.localfutures.org/about/>

News You Can Use

DESIGNING FOR THE CIRCULAR ECONOMY

What do you do with a toaster when you no longer want it? Until recently, no one thought about that question until the toaster was ready for the scrap heap. Today, advocates of the circular economy suggest that the best time to address end-of-life issues is when a product is first being designed. It’s at that point that it has the greatest potential for circularity. If the designers of your toaster had thought about it not as a disposable appliance but as a product with value worth preserving, your options would be considerably enhanced.

That, in fact, is what the designers at the London-based Agency of Design (AoD) did. As part of a project that "looked at the end of life of electrical products and designed alternative ways to make the most of the material that they embody," the AoD design team took on the challenge

of rethinking the humble toaster. They came up with three different approaches, each of which, says the company, "embodies a different strategy to designing circularity from the outset."

Issues studied included: attacking the planned obsolescence, maximizing the product’s longevity, replacing parts without having to replace the entire unit, using modular construction to allow for disassembly by the individual, and changing plastic composition to make it more recycle friendly.

<http://www.dailygood.org/story/1582/designing-for-the-circular-economy-knowledge-wharton-north-america/>

SCAM ALERT

A new scam is making its way across the country using the name of the Make-A-Wish Foundation. In this scam, a con artist calls from the "Consumer Protection Agency" or the "Federal Trade Commission" to tell you that you have won 2nd place in a Make-A-Wish Foundation sweepstakes – a \$450,000 prize! All you have to do to claim your prize is pay \$4,500 in processing fees.

Don’t have the cash? The scammer will offer to lend

WHO IS MY LEGISLATOR?

Use this quick link to find and contact your local State Rep and Senator:

<http://www.gencourt.state.nh.us/house/members/wml.aspx>

Visit your town or city's website to find contact information for your local elected officials.

Tell them your ideas, thoughts & concerns!

you the money. All he needs is your bank account information to wire it to you. The fraudster even goes as far as giving you a fake phone number you can call to verify that the "Make-A-Wish Foundation Sweepstakes" is real.

If you get a call like this, hang up immediately. The Make-A-Wish Foundation never engages in sweepstakes and there is no such agency as the "Consumer Protection Agency."

**MEDICARE
"OBSERVATION STATUS"
Court Certifies Nationwide Class in "Observation Status" Case**

Decision in **Alexander v. Price** Means Medicare Patients Could Gain Right to Appeal Placement on "Observation Status" and Avoid Large Medical Bills

Eighty-four-year-old Nancy Niemi of North Carolina was hospitalized for 39 days earlier this year after her doctor sent her to the emergency room. It took weeks to

stabilize her blood pressure and she experienced serious complications. But unbelievably, Ms. Niemi was categorized as an *outpatient* on "observation status" for her entire hospitalization, and she therefore lacked the three-day *inpatient* stay Medicare requires for coverage of her subsequent, very expensive care at a nursing home.

Ms. Niemi's son tried to help her challenge her lengthy placement on observation status, but Medicare does not allow beneficiaries to appeal this issue. She still owes thousands of dollars to the nursing facility. However, due to the federal court decision issued July 31, 2017, she is now a member of a nationwide class of hospital patients who may gain the right to appeal their place-

ment on observation status.

In *Alexander v. Price*, 3:11-CV-1703 (MPS) (formerly captioned *Barrows v. Burwell*), Judge Michael P. Shea of U.S. District Court in Connecticut, certified a class composed of all Medicare beneficiaries who, since January 1, 2009, have received or will have received "observation services" as an outpatient during a hospitalization.

The late Martha Leyanna of Delaware, for example, one of the named plaintiffs in the case, had to pay thousands of dollars for nursing facility care after being hospitalized for six days on observation status.

"My mother was treated just like she was inpatient," her daughter Mary Smith explained, "but she was never allowed to try to prove her case to Medicare. It was very unfair."

Class members are likely to number in the hundreds of thousands. The court cited a 2012 study by researchers at Brown University that identified 918,180 Medicare beneficiaries who experienced observation stays in 2009 alone. In addition to lacking coverage for very costly nursing home care, patients on observation status can also

**How to Contact Your
State Committee on Aging Representatives**

| County | Name | Email |
|--------------|---|------------------------------------|
| Belknap | | |
| Carroll | Dr. Norma J Brettell | pastorbrettell@roadrunner.com |
| Cheshire | Susan Emerson | semerson435@aol.com |
| Coos | Mark M. E. Frank | maxfra@aol.com |
| Grafton | John Ackers | John.Acker3@va.gov |
| Hillsborough | Kathy Baldrige | kathy@lifetimeliquidations.com |
| | Ken Berlin | kaberlin@comcast.net |
| Merrimack | Herb Johnson | clairhonda@msn.com |
| Rockingham | Kristi St. Laurent | |
| Strafford | Candace Cole-McCrea | snowyowl@metrocast.net |
| | John Kennedy | jjkrha@yahoo.com |
| Sullivan | Larry Flint | wrecman@comcast.net |
| | Mary Catherine Rawls | Mary.catherine.rawls@hitchcock.org |
| NH Senate | Ruth Ward | ruth.ward@leg.state.nh.us |
| NH House | James McKay | james.mackay@mygait.com |
| Website: | http://www.dhhs.nh.gov/dcbcs/beas/aging/ | |

spending thousands of dollars on nursing home care or simply forgoing that necessary care. We look forward to establishing that the right to review is required as a matter of constitutional due process."

In addition to attorneys from the Center for Medicare Advocacy, the class is also represented by attorneys from Justice in Aging and from the law firm of Wilson Sonsini Goodrich & Rosati. The court had previously allowed the case to proceed in a decision issued in February 2017.

face increased costs for drugs taken at the hospital and copayments for hospital services, as noted by a recent report from the Department of Health and Human Services' Office of the Inspector General.

Alice Bers, Litigation Director of the Center for Medicare Advocacy, said that certification of the class is

a critical step in creating a fair opportunity to be heard for hospital patients, who can face severe financial and health consequences if they are placed on observation status.

"The decision recognizes that Medicare patients across the country face dire situations, including having to choose between

<http://www.medicareadvocacy.org/wp-content/uploads/2017/08/Order-on-Class-Certification.pdf>

(Editor's note: Medicare covers some of the costs for skilled nursing home care IF prior to admission there has been a "three day qualifying stay" in a hospital under "admission" not "Observation" status.)

AGING MASTERY PROGRAM

The nation's 76 million baby boomers have been given an unprecedented gift of health and time; but to a great extent, older adults do not make the most of this phase of life. The National Council on Aging (NCOA) created the Aging Mastery Program® (AMP) to develop new expectations, norms, and pathways for people aged 50 to 100, to make the most of their gift of longevity. AMP helps older adults and boomers build their own playbook for aging well. It is a fun, innovative, and person-centered education program that empowers participants to embrace their gift of longevity by spending more time each day doing things that are good for themselves and for others.

Aging has changed remarkably since the last generation entered into retirement. Yet, traditional retirement plans are disappearing, the cost of daily living continues to rise, and more than 84% of people aged 65+ are coping with at least one chronic health condition, often over many years.

The result is that most older adults are unprepared for this new stage of life. Societal expectations for them have changed little since 1950, but they are facing a new reality when it comes to maintaining their health and economic security and contributing to society.

AMP encourages aging *mastery*—developing sustainable behaviors across many dimensions that lead to improved health, stronger economic security, enhanced well-being, and increased societal participation. The 10 core classes combine a peer-supported classroom-like structure with social rewards. The in-person version is held at sites where older adults and baby boomers already gather in their communities, such as senior centers. Digital AMP offers an online version through a

self-guided environment.

Preliminary results show that AMP participants significantly increased their physical activity levels, healthy eating habits, use of advanced planning, social connectedness, and participation in evidence-based self-management programs after taking the core curriculum.

To explore AMP partnership opportunities, contact us (email amp@ncoa.org)

2018 PART D PREMIUMS

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 \$33.50 per month in 2018. This projected average premium is a slight decrease from the average monthly premium in 2017 (\$34.70) and represents the continued relative stability of Part D premiums. It is important to note that while the average, basic premium is lower in 2018, beneficiary premiums will vary—some increasing and some decreasing next year...

DO YOU QUALIFY?

Medicare Savings Programs (MSPs), also known as

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Medicare Buy-In programs or Medicare Premium Payment Programs, help pay your Medicare costs if you have limited finances. There are three main programs, and each has different income eligibility limits.

Qualified Medicare Beneficiary (QMB): Pays for Medicare Part A and B premiums, deductibles and coinsurances or copays. If you have QMB, you will have no coinsurance or copayment for Medicare-covered services you get from doctors who participate in Medicare or Medicaid or are in your Medicare Advantage Plan's network.

Specified Low-income Medicare Beneficiary (SLMB): Pays for Medicare's Part B premium.

Qualifying Individual (QI) Program: Pays for Medicare's Part B premium.

If you enroll in an MSP, you will also automatically get Extra Help, the federal program that helps pay most of your Medicare prescription drug (Part D) plan costs.

To qualify for an MSP, you must have Medicare Part A and meet income and assets guidelines. If you do not have Part A but meet QMB eligibility guide-

lines, your state will have a process to allow you to enroll in Part A and QMB. Many states allow this throughout the year, but others limit when you can enroll in Part A.

States use different rules to count your income (money you take in, for example, Social Security payments that you get or wages that you earn) and assets (resources such as checking accounts, stocks and some property) to determine if you are eligible for an MSP. Certain income or assets may not count. Some states do not have an asset limit.

HOSPITAL FOOD

Hospital food and drinks generally live up to their depressing — and often downright unhealthy — reputation. But the American Medical Association (AMA) thinks that needs to change. That's why the AMA issued a resolution in June of 2017 calling for hospitals to reduce sugary beverages and processed meats. Instead, the AMA wants hospitals to increase the availability of healthy plant-based foods. The American College of Cardiology and the Medical Society of the District of Columbia co-sponsored the resolution.

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.

The members of the AMA, which represents more than 200,000 doctors announced that they:

...hereby call on U.S. hospitals to improve the health of patients, staff, and visitors by (1) providing a variety of healthful food, including plant-based meals and meals that are low in fat, sodium, and added sugars, (2) eliminating processed meats from menus, and (3) providing and promoting healthful beverages.

<http://www.care2.com/causes/american-medical-association-urges-hospitals-to-drop->

[processed-meats-and-go-plant-based.html](#)

RETIREMENT DREAMS

The following dream was reported to me by a woman who, along with her husband, moved to a luxury retirement community in Hilton Head, South Carolina. They made their move only after careful study and planning for 10 years. But after a few months at Hilton Head she became vaguely dissatisfied, but couldn't understand why. Then one night she had the following dream:

I dreamed I was back in high school at a dance and it was time to go home. I needed a ride home and I went around frantically asking everyone I knew for a ride. But no matter what I did, I couldn't get a ride home.

On awakening, the dreamer suddenly realized that this dream was a message for her. Despite all their planning, she and her husband had made the wrong choice about where to live. Soon after realizing that fact they moved to Asheville, North Carolina, where the university offers an extensive program of lifelong learning in retire-

ment, much closer to her interests and lifestyle.

Retirement planning is an occasion when people become aware of the "the dream deferred:" that is, the long-hoped-for things we have postponed in our busy lives. For this woman, careful planning was not enough to find the perfect retirement. In her dream she found herself back in an earlier period, adolescence, when the future is unclear. The dreamer was in a seemingly enjoyable setting, at a dance. But when it was time to go home she discovered she lacked the means to get home. The message of her dream is that genuine "homecoming" had been missing from their rational retirement preparation. Her dream enabled her to make a choice better than all the planning she and her husband had done by rationality alone.

HR Moody

Health & Wellness

FRAILTY NOT INEVITABLE

According to a Frontiers in Physiology report, frailty may not be an inevitability as we age. It may be

treatable, and even preventable.

"Societies are not aware of frailty as an avoidable health problem and most people usually resign themselves to this condition," says Jerzy Sacha, Head of the Catheterization Laboratory at the University Hospital in Opole, Poland. "Fortunately, by proper lifestyle and adequate physical, mental, and social activities, one may prevent or delay the frailty state." In their recent article, Sacha and his colleagues at the University of Opole and the Opole University of Technology reviewed over one hundred publications on recognizing, treating, and preventing frailty, with the aim of raising awareness of this growing health problem. Frailty encompasses a range of symptoms that many people assume are just an inescapable part of aging. These include fatigue, muscle weakness, slower movements, and unintentional weight loss. Frailty also manifests as psychological and cognitive symptoms such as isolation, depression, and trouble thinking as quickly and clearly as patients could in their younger years.

**LOOKING FOR A BACK
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These symptoms decrease patients' self-sufficiency and frail patients are more likely to suffer falls, disability, infections, and hospitalization, all of which can contribute to an earlier death. But, as Sacha's review highlights, early detection and treatment of frailty, and pre-frailty, may help many of the elderly live healthier lives.

[Shttp://neurosciencenews.com/longevity-frailty-7267/ource:](http://neurosciencenews.com/longevity-frailty-7267/ource)

HEART HEALTHY FOODS

The link between health and diet is becoming better understood, Research now shows that it is particularly true when it comes to hearth health. In fact better than half heart illness could be staved off simply by eating better. While Green Tea, Oatmeal and red wine are commonly known to help, here are eight "heart healthy" foods: fatty fish such as Salmon, onions, potatoes, ground flax seed, citrus fruit, brown rice, extra virgin olive oil, dark chocolate

**THE 3 STAGES OF LIFE
AFTER 50**

Excerpts from the new book, 'How Do I Get There from Here?' George H. Schofield, Ph.D.

Period 1: New Freedom:

The first of these periods, which I call New Freedom, often begins with becoming empty nesters around age 50, totally unaccustomed to the new discretionary space, income, time and possibilities. Remember, it's an individual experience, so age is not an absolute predictor of this period in our lives. It also includes people whose career ambitions are significantly met so that their relationship to work and ambition has been modified. They stop being consumed by their work like a man who looks up and suddenly realizes — to his surprise — that different priorities are emerging. The reverse is also true. Someone who has stayed at home for decades when suddenly faced with freedom may want to consider exploring options. Discretionary life space is suddenly available. Priorities shift. It can take some getting used to. People in this period often find themselves at least temporarily disoriented by having or taking additional time, space, and planning

after years of incessant commotion and action. It is kind of like pushing on a rock for years and it suddenly moves, changing all assumptions.

Period 2: New Horizons

The second of these periods, which I call New Horizons, usually begins after New Freedom has been around for a while and we're comfortable with having some open, uncommitted life space. New Horizons involves greater focus and clarity about where we want to take the freedom, what we're curious about, how we want to spend our energy and how we're going to move into being good at this new phase of life.

Period 3: New Simplicity:

The third period I call New Simplicity. It's that period when we decide we don't want (and maybe cannot handle) so many complicating things in our lives. Large houses and their maintenance; too many relationships that don't nurture us; excessive volunteer commitments that used to be meaningful but aren't anymore; physical clutter we've held onto for too long and dreams and intentions that no longer hold appeal or punch for us. Read More of this article which includes sample

stories for the phases:
<http://www.nextavenue.org/3-stages-life-50/>

PROMISING NEW HEART RESEARCH

Researchers have discovered that a protein called cardiotrophin 1 (CT1) can trick the heart into growing in a healthy way and pumping more blood, just as it does in response to exercise and pregnancy. They show that this good kind of heart growth is very different from the harmful enlargement of the heart that occurs during heart failure. They also show that CT1 can repair heart damage and improve blood flow in animal models of heart failure.

<https://medicalxpress.com/news/2017-08-heart.html>

GUM DISEASE AND CANCER

Taking good care of your gums helps to prevent cancer. Gum disease is caused by sticky, bacteria-laden plaque that forms on teeth. According to a new study, women with gum disease are 14 percent more likely to develop cancer than those with healthy teeth and gums. The link appears to be strongest for esophageal cancer, but associations were also found between poor oral health and

lung, gallbladder, breast, and skin cancer. Daily flossing and brushing can usually reverse gum disease.
<http://time.com/4891340/inflammation-mouth-breast-cancer/>

Tech Tips

THE CONTENT OF OUR LIVES – WHO CARES ENOUGH TO SAVE IT?

Imagine all the non-digital photos and memorabilia.

Forget Airbnb and driving for Uber. Boomers with creativity, organizational skill and some technology can follow multiple small business paths that have large emotional implications for the customer.

Consider the large and small albums of photos, cassette tapes, home movies – not just from the boomers aged 51-71, but from their parents, and even some from their parents' parents. Will anyone want it?

Cynics contend that not only will the old content be lost due to disinterest, but that current content (selfies, group photos, Facebook and Instagram shots of that great dinner) will also be lost, some say, to collective disinterest –

the photo only mattering in the moment.

The memory media movers – a multi-tier industry.

But some care enough to act while they still can. As older adults study the albums in their studies, some hire a service that can help them organize and cull the photos. Not unlike the profession of Senior Move Managers helping to clear out and downsize the house, there is an Association of Personal Photo Organizers (APPO), complete with certifications, who help family cull and cut through the duplicates and clutter.

Making material digital – maybe to be forgotten in another source format.

The Photo Organizer helps the client decide what to scan. Then the scanning firm pulls pictures from plastic to be scanned, converted and saved on digital media. Then once it is digitized, the customer can record a narrative track describing the content.

For example, hidden away in The Velvet Mill in Groton Connecticut, is a shop called Charter Oak Scanning. Scanning everything – buying old projectors and cameras to get the job done. Paper photographs, 35mm slides and nega-

tives, 8mm and 16mm film, VHS, BetaMax, audio cassettes, and reel-to-reel.

The memory mill – a multi-tier market – now nationwide players.

The demand for this has grown, naturally, given the ever-taller stack of media types and the blooming of. So now the web searches turn up more players. Consider Newton, MA Ever-Present. Then there's top-rated Minneapolis Memories Renewed, with its 3+ month backlog, ScanCafe in Indianapolis, even outsourcing detail work to India for lower price/higher volume (naturally).

And so the cycle of media movement continues, compounded and confounded by the easy smartphone camera shot – the websites for sharing/storage like SmugMug, Flickr (to be part of Yahoo/Verizon), and Shutterfly (now a public company).

Consider the memory – yours, theirs, and future. After the wedding, families expect an album. The coffee table demands it, and there it is – before it is too late -- the beginning of a cycle many years later to rescan the album because the photographer and his/her files are gone.

Who matters most in the distribution cycle of memories (besides the original creators)?

The Personal Photo Organizer – unlike Uber and Lyft or Airbnb – the level of risk is low, and the customer emotional satisfaction is high. Yet, of course, there's a problem. Would anyone really throw away the originals? And so the original problem begets a new, now-sharable, storage format and keeps the old, to be stuffed away in ever-smaller closets.

Aging In Place Technology Watch

DIAGNOSTIC APPS

Google has bought Senosis Health, a startup that turns smartphones into medical devices and collects various health stats. The Senosis apps can monitor lung health and hemoglobin counts, among other things, using functions on a smartphone including its accelerometer, microphone, flash and camera. For example, to measure the hemoglobin, Senosis' app uses the phone's flash to illuminate a user's finger.

<https://www.theverge.com/2017/8/15/16148212/google-acquires-startup-senosis-health-patel-shwetak>

Dollars & Sense

WALL STREET IS FAILING TO PROTECT SENIORS FROM FRAUD, SAY REGULATORS

At a time when senior financial fraud is on the rise, financial regulators say those on the first line of defense—brokerages and financial advisors—aren't doing enough to stop it, according to a recent survey fielded by the North American Securities Administrators Association.

About three out of four state securities regulators say they do not believe the financial industry is doing enough to prevent senior financial fraud, according to the survey. Perhaps even more alarming: Of the cases that do get reported, an overwhelming majority of regulators (97%) say that the abuses have gone undetected far too long.

Such delays can be devastating to seniors, who are usually retired and drawing on their accumulated lifetime savings, rather than bringing in money. And the amounts at stake can be substantial. In Virginia alone, financial exploitation robs victims of an estimated \$1.2 billion a year, ac-

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cording to the state's Department for Aging and Rehabilitative Services.

"Early detection and reporting are critical," says NASAA's president, Mike Rothman. Unlike younger investors, seniors do not have the luxury of time to recoup losses inflicted by financial exploitation, he says, so catching and stopping the fraud early could be the difference between having enough money to live on or not.

It's not just regulators pointing fingers. In a survey of over 60 broker-dealers in June, about 70%

said they didn't have any policies in place that were specifically tailored to seniors. And less than half said they have developed a form for customers to identify an emergency or trusted contact to be used in case the senior investor becomes incapacitated—a procedure the industry considers a critical step for protecting vulnerable customers.

"Many firms need to put all the pieces together," Rothman said.

That's especially true when it comes to reporting elder fraud. NASAA found in the June survey that while firms reported suspected cases of senior financial fraud to adult protective services about 62% of the time, they only reported the cases to local law enforcement 4% of the time—and less than 1% of the time to state securities regulators.

In many cases, it's up to investors and their networks of friends and family members to protect themselves. Caregivers should monitor new relationships, Rothman says, adding that early warning signs could be new "friends" who show excessive interest in an individual's finances or accounts.

Another red flag for friends and family: any abrupt changes to financial documents, such as power of attorney, account beneficiaries, wills, trusts, property titles, and deeds. That's especially true if a new caretaker, relative or friend suddenly begins conducting financial transactions on behalf of a senior.

Part of helping senior investors is also keeping up with changes to the rules and regulations, as they can differ state to state. And there has been some improvement toward getting more protections put in place. About half of state securities agencies have started to implement newly established rules requiring financial advisors who suspect fraud to report it. About 13 states—Alabama, Arkansas, Colorado, Indiana, Louisiana, Maryland, Mississippi, Montana, New Mexico, North Dakota, Oregon, Texas and Vermont—have actually put the new rules into effect, while many others continue to work on enacting similar legislation.

And a new industry rule going into effect next February will require brokerage firms to ask all customers for the name of a trusted contact who can act as a resource when a financial advisor suspects that the client's mental faculties have declined. That rule will also allow brokerage firms to delay fund transfers when they suspect financial exploitation—giving the firms time to investigate a situation and contact the client, the trusted contact, and even law enforcement if appro-

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

| Name | Mailing Address | Phone | E-Mail Contact Form |
|-----------------------------|--|--------------|---|
| U.S. Rep. Carol Shea Porter | 1530 Longworth House Office Building, Washington, DC 20515 | 202-225-5456 | https://shea-porter.house.gov/contact/email |
| U.S. Rep Ann Kuster | 137 Cannon House Office Building, Washington, DC 20515 | 202-225-5206 | https://kuster.house.gov/contact/email-me |
| U.S. Senator Maggie Hassan | B85 Russell Senate Office Building, Washington, DC 20510 | 202-224-3324 | https://www.hassan.senate.gov/content/contact-senator |
| U.S. Senator Jeanne Shaheen | 506 Hart Senate Office Building, Washington, DC 20510 | 202-224-2841 | www.shaheen.senate.gov/contact/contact-jeanne |

appropriate. This is crucial because it's almost impossible to recover the funds once they're in the hands of a fraudster.

On the federal level, Senators Susan Collins (R-Maine) and Claire McCaskill (D-Mo.) introduced the SeniorSafe Act in January. While the bill contains numerous provisions aimed at protecting seniors from fraud, there has been little movement to push it through Congress, and Skopos Labs estimates there's only about a 5% chance of it being enacted.

Yet Rothman says it's legislation like this that would help bolster existing protections. "The bill calls for greater training of financial institutions and professionals on how to identify and report suspected exploita-

tion of a senior citizen," he says.

Money.com

IS IT TIME TO WRITE OFF CHECKS?

In the age of digital alternatives, checks are fading. Remember checks? You know, those slips of paper where you spell out the numbers, rip them from the book, put them in an envelope, add a stamp, then drop them in a mailbox? They've been around for centuries, but like many traditional tools nowadays checks are in rapid decline, disrupted by digital payments, the Internet and technology in general. Greg McBride, chief financial analyst for Bankrate.com, calls it a "consumer-driven change." Even the government is moving away

from paper checks. In 2013, the Treasury Department stopped mailing checks to Social Security recipients. Now, they get their monthly funds through direct deposit or a debit card. A Federal Reserve study of the payments system in 2013 documented the slide: From 2000 to 2012, the number of checks paid declined by more than 50 percent as payments through cards, direct deposit and other services more than tripled. This occurred as the check-clearing process was digitized and mobile-phone deposits became more popular. Why do people stop using checks? It might be because of the more convenient digital alternatives like Venmo, PayPal and Square, or because it's a hassle to pick up a pen and scribble

some very important information, error-free. As checks fade from the picture, the impact is wide.

Postal Service

A 2013 report by the U.S. Postal Service Office of Inspector General said 91 percent of Postal Service customers choose to receive bills by mail, but want to pay them online. Only 37 percent of consumer bills were paid by mail in 2013, down from 74 percent in 2003. Bills and payments sent through the mail generated \$18.5 billion for the Postal Service in 2013 — more than a quarter of its total revenue.

Can You Afford Mobile Banking

The shift to digitization and mobile banking might have other consequences, too. For example, if you don't own a smartphone, you might be cut off from many convenient financial services such as mobile payment apps.

"Increasingly, too many financial services are based on the ability to acquire data about you in an easy way," says John Thompson, senior vice president of the Center for Financial Services Innovation. "If your life hasn't been digit-

ized in a way that those businesses expect, there is a possibility that you might not be able to take advantage of those services."

Check Cashers

The check-cashing industry met the decline in check usage by broadening its services. "As the customers move toward other mechanisms, we evolve to meet those needs," says Ed D'Alessio, executive director of Financial Service Centers of America. His organization used to be known as the National Check Cashers Association, "so we changed our name to reflect the fact that we do more types of services than just check cashing." Check cashers nowadays offer bank like services such as money orders, bill payment and prepaid cards.

Check-Printing Companies

Yes, check-printing compa-

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Forward it on!

nies still exist. Harland Clarke, Deluxe and Vistaprint are some examples. But these companies don't make just checks anymore. They also offer many different printing services, products and payment services — probably wise choices given where the market is going. In its most recent annual report to investors, Deluxe admits that check usage is declining and says there might be further challenges in the future as the Federal Reserve calls for faster electronic payments and real-time payments.

Don't Write Off Checks Yet

People are writing fewer checks for smaller transactions. "What's changing are routine, everyday typically small-dollar transactions," McBride says. "People are no longer paying those by writing checks to the same extent they were 10 years ago." But some businesses still stick to check writing to leave an audit trail. Litster says his company primarily sells checks to businesses. "We find there is growth. It is not exponential; it's just stable," he says. "The big companies, they have cut back on checks, but that's not most of America."

The 2013 Fed study also found that checks are still generally used to pay for bigger sums such as rent and payroll transactions. Even then, there is pressure. Thompson says there is a federal initiative to develop infrastructure for real-time payments — thus further marginalizing checks..

"I think we'll continue to see disruption" as it becomes easier for smaller organizations to adopt digital payments or direct deposit, Thompson says.

<http://www.npr.org/2016/03/03/468890515/is-it-time-to-write-off-checks>

Laugh & Live Longer

LAUGH AND LIVE LONGER

Funny Quotes

- "Just because you do not take an interest in politics doesn't mean politics won't take an interest in you!" Pericles (430 B.C.)
- I find it ironic that the colors red, white, and blue stand for freedom until they are flashing behind you.
- I can't understand why women are okay that JC Penny has an older

women's clothing line named, "Sag Harbor."

- The difference between the Pope and your boss, the Pope only expects you to kiss his ring.

A RETIREE'S LAST TRIP TO COSTCO

Yesterday I was at Costco buying a large bag of Purina dog chow for my loyal pet, who weighs 191 lbs. I was in the check-out line when a woman behind me asked if I had a dog.

What did she think I had an elephant???

So because I'm retired and have little to do, on impulse I told her that no, I didn't have a dog, I was starting the Purina Diet again. I added that I probably shouldn't because I ended up in the hospital last time, but that I'd lost 50 pounds before I awakened in an intensive care ward with tubes coming out of most of my orifices and IVs in both arms.

I told her that it was essentially a Perfect Diet and that the way that it works is to load your pockets with Purina Nuggets and simply eat one or two every time you feel hungry. The food is nutritionally complete so it works well and I was going to try it again.

RAISE YOUR VOICE!

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engagingnh@gmail.com

I have to mention here that practically everyone in line was now enthralled with my story.

Horrified, she asked if I ended up in intensive care because the dog food poisoned me.

I told her no, I stopped to pee on a fire hydrant and a car hit me.

I thought the guy behind her was going to have a heart attack he was laughing so hard.

Costco won't let me shop there anymore.

Better watch what you ask retired people They have all the time in the world to think of crazy things to say.

GREAT LIVES IN AGING: Elbert Cole

The Rev. Elbert Cole, who died in 2010 at the age of 92, was a United Methodist Church minister, and his ministry encompassed his whole life, never more so than in his later years. Elbert lived much of his life in Kansas City, but his impact extended far beyond : above all, through the

Shepherd's Centers of America, an interfaith program engaging volunteers to help vulnerable elders at home.

I once had the privilege of being Elbert's roommate at a conference where the two of us had a private dinner with Dame Cicely Saunders, founder of Hospice. Like Dame Saunders, Elbert's commitment to helping those in need was personal as well as professional. It was evident in his care for his wife of many years, Virginia, when she developed Alzheimer's. For years Elbert brought Virginia to conferences. Once, they were together on an elevator when Virginia reached into a stranger's pocketbook. Elbert waited for the elevator door to open, then quickly guided Virginia out, crying "Go for the jewels, not the cash."

On another occasion, Elbert had to accompany Virginia into the ladies room. A woman there saw his clerical collar and came up to him upset, saying "And you, you, a minister! Say something theological!" Elbert simply replied, "Oh, go to hell."

It's impossible to think of Elbert without remembering his humor and his

kindness. Like his old college roommate, Huston Smith, Elbert made religion a living force through his own example. Those who knew him miss him still.

HR Moody

Purposeful Living

Barbara Rockwell, volunteer extraordinaire, began with the Friendly Meals senior dining program at Home Healthcare, Hospice and Community Services over 10 years ago. She took a leadership role organizing volunteers and encouraging seniors to come to monthly luncheons. Outreach is very important in small towns like Stoddard (population 1200) and now 60-70 elders come to dine.

During Town Hall renovations, Barbara advocated to find a temporary location for the Friendly Meals at

the local elementary school, and then at the Nelson Town Hall. Through these migrations, Barbara



Barbara Rockwell

is a steady presence calling seniors to remind them where meals were held, and reaching out to seniors in other towns to join the group. She brings decorations and prizes each month, and generally creates a warm, friendly atmosphere. She encourages people to get out and not be isolated at home.

Barbara truly puts the "friendly" in Friendly Meals. Reaching out to rural communities, she is key to encouraging seniors to connect.

Board Notes

The EngAGING NH Board of Directors recently had the opportunity to meet with Representative Annie Kuster and her staff to discuss issues affecting NH's older Americans.

One of the key areas Representative Kuster is working on is the opioid crisis that has received great attention at all levels of government. We added the following points:

- Small towns that depend on volunteers for emergency response services are experiencing a decline at both professional and volunteer levels both because of concerns over per-

sonal health risks, and due to the emotional stress leading to burn-out;

- Currently over 15,000 of NH's older adults are raising grandkids; and
- While we focus on reducing the number of prescribed drugs, we need to balance the legitimate use by assuring appropriate and timely access.
- On the issues of Medicare we are concerned about costs. The Medigap Premiums may rise in light of the current ACA uncertainty and while the stabilizing Part D prescription coverage is good news, we urged continued support of closing of donut hole (2020). The Bill to allow Medicare to negotiate pricing is important for addressing the price of prescriptions.

In addition to cost issues, Federal oversight of nursing homes includes two important issues:

- Nursing home arbitration: Proposed roll back of September 2016 CMS nursing facility regulations strengthened consumer protections for residents by prohibiting nursing homes from forcing residents to arbitrate

disputes. This would allow nursing facilities to require residents to sign pre-dispute arbitration agreements in order to be admitted. The proposed rule is unfair to residents and their families and would harm residents' rights, safety, and quality of care.

- Hospital Observation rules. Class action suit now allows beneficiary appeals of "observation status" when hospitalized. Observation Status rather than Admission status can be used regardless of how long the stay is in a hospital and affects the out-of-pocket costs to the consumer. Additionally, Medicare coverage of nursing home care and rehabilitation facilities depends on transition from a 3-day stay under Admission Status.

Other topics covered included the major issues around NH funding for services to older adults. NH has no Agency on Aging and historically has relied of federal incentive projects to augment the minimal services available. We have seen major cutbacks due to block granting of federal dollars, such as the Social Services block grant;

we are now facing the potential for other Block Grants including Medicaid. (Block Grants, under the pretext of supporting States' independence on designing programs, cut federal funding by capping the federal share and fail to support rising caseloads.) We are facing the potential for severe cuts to supports and services as well as for long term care (nursing home and assistive living) due to a number of converging issues.

Finally, we offered our board's experience representing the consumer voice as a resource as Rep. Kuster participates in related activities at the federal level. All of our Congressional Delegates can be more effective, if they have the details that can come only from the local level and personal experience. We encouraged her to share this meeting's information with the other NH Delegation members, as support for making them all successful representatives of our NH constituents.