Life’s Difficult Choices  
by Maida Sengupta

Most of us, given a choice, would prefer to remain in our own homes, connected to family and community up to the time we leave this earth. Only when this choice becomes impossible would we accept nursing facility care. There are very good reasons to keep a person at home versus in a facility. Among them:

1. This is where we are most comfortable. We have room for our hobbies, privacy in our own room, freedom to sit outside in the sun in our own garden, with our pets in our laps, etc.;
2. We want to be around people we love, not a roommate we don’t know;
3. Nobody is going to regulate our lives, give us institutional food [not our favorites], tell us to go to bed at 7 pm, or ration showers to once a week;
4. Few people will love you as much as those currently around you;
5. Home care is generally the most economical alternative to taxpayers; and
6. Close family may need our income to survive as a group or to remain in the family home.

Of course, there are situations when we cannot remain in our homes, when our care needs exceed the capacity of our family, community and hired help. If we need 24 hour supervision, constant clothing changes, or frequent medication administration, it may be more appropriate to accept round-the-clock nursing facility placement.

Few people are financially equipped to independently fund extensive in-home care on a long term basis; and once their...
savings are depleted, they are forced to turn to a special Medicaid program called Choices For Independence for help in paying for this in-home care.

The CFI programs available in our state set the rates for reimbursement for each service. These rates have not been raised or adjusted to keep up with market conditions regularly over extended periods of time, severely limiting our community nursing agencies’ ability to recruit and retain enough qualified caregiving personnel.

It is both sad and disturbing when a person must accept facility placement because community nursing agencies cannot find enough aides and homemakers to serve people in their own homes. It is even sadder when home providers cannot pay their employees a competitive wage due to rates that are kept artificially low.

Medicare, the Social Security related program most of us over 65 participate in, only funds payment for in-home care under special circumstances on a very limited basis, such as hospice care for dying patients. It does not cover “custodial” type care in most instances.

Consider “Essie”

Essie is 89 and has lived in the home she and her late husband bought 60 years ago. Here she raised her children, nursed her own parents until they passed, took in foster children, and participated in her neighborhood church and schools. She enjoys gardening, painting and making quilts for charity. She had struggled to keep the house going on her $1200/mo. Social Security check until her daughter Anna moved in last year to share expenses and supplement the care Essie needs.

Recently, Essie has become incontinent at night and sometimes during the day. She is a little shaky getting meals, but she is secure on her feet using a walker. She sometimes forgets to take her medication on schedule.

Anna has a job requiring her to start at 6:30 am. Another daughter, who lives nearby and works a rotating shift schedule, is very involved in giving Essie care. A few neighbors have worked out a schedule to look in on Essie throughout the week. However, there are gaps in the time these daughters can be present to give Essie a daily shower [to avoid skin breakdown], get her dressed and fed breakfast. They can cover all weekend care and tuck her in at night.

They need to have a home health aide about 3-4 times a week for the morning care and reminders to take her medication. They cannot afford to privately fund or engage help on their own, but they can do just about everything else for their beloved mother to keep her at home. Without this supplemental care, it may not be safe for Essie to stay at home.

Having exhausted all other alternatives, the family ap-

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.
plied to CFI for help to provide Essie’s morning care. Essie met all the necessary financial and medical care requirements for this program. Unfortunately, the local nursing agency did not have the personnel available to send aides in 4 times a week, because they could not pay employees a decent livable competitive wage. Sadly, to both her and her daughters’ distress, Essie ended up in a nursing facility.

This “solution” could cost taxpayers as much as $4,000 a month more than providing the in-home care under the CFI program.

for a day or two at a time. It made her transition to the nursing facility that much more difficult.

Maida Sengupta is a retired Elderly and Adult social worker and sits on the EngAGING NH board

Another unfortunate result: Essie, over time, also ended up having to liquidate her home assets, in order to satisfy Medicaid rules for people living in nursing homes. Anna had to find alternative housing. Essie lost all hope of returning to the place she loved and visiting her beloved home and garden for a day or two at a time. It made her transition to the nursing facility that much more difficult.

Maida Sengupta is a retired Elderly and Adult social worker and sits on the EngAGING NH board

NEW COMMISSION

House Bill 621 Creating a Commission on Aging has been signed into law. The Commission will include the current State Committee on Aging (SCOA) members as well as representatives from various agencies involved with areas that impact the public such as housing and transportation.

The 26 member Commission will hold an organizational meeting on September 16 at 10 AM in room 205 of The Legislative Office Building and at that time will elect a chair, vice chair, and clerk. Due to that timeframe, this issue of the EngAGING NH newsletter still contains contact information on SCOA members, but we will update this information for the October issue.

AHA Advocacy Survey for 2020

As the 2019 Legislative Session comes to a close here in New Hampshire, the AHA Advocacy Work Group is already beginning to think about possible legislation for the 2020 session. Today, we are reaching out to all of our AHA partners and colleagues to solicit suggestions for potential bills, policy changes and initiatives you’d like to see in the coming year. With a focus on workforce, caregiving, housing/zoning and transportation, AHA’s advocacy efforts are led by our collective mission to improve the infrastructure and services necessary to support all of us as we age.
We're conducting a survey and your input would be greatly appreciated. Copy and paste this address into your web browser:

www.surveymonkey.com/survey-taken/?sm=QLc7QZht8tcGvOH78X9zDOTJJXkmQzke2HUWUGuR1V_2B93U7hMPM4agQ5hT98B9hiVMv4sNVPOuDi88IjWtfLjU9ZCYNiVAY1gNWiQM8s_3D

Thank you for your participation!

**Concord Monitor Survey**

In response to a question from a reader, the Monitor is asking readers to respond to this question: should communities celebrate their oldest resident? The first responses appeared in the 8/22 edition. The three letters printed represent a mixed perspective with recognition that it would be good to recognize but balanced with what that recognition really means.

**Save This Date**

The Age of Possibilities: Exploring Research, Technology & Learning in the Longevity Era

October 21st, 2019 Grappone Conference Center | Concord, NH 8:00 AM - 3:30 PM. As we are living longer than ever before; the world around us offers unparalleled opportunity to test old assumptions, make new discoveries and modify our ecosystems to support our changing needs. F https://agefriendly.community/the-age-of-possibilities/or more information:

**Five Communities Awarded AARP Community Challenge Grants**

**Marion Gerrish Community Center** in Derry, In an effort to further promote community bonding and to encourage multi-generational connections, this project will purchase several outdoor yard games such as cornhole, bocce, chess, jenga, connect four, and others for use around the Community Center;

**Friends of the Goffstown Rail Trail**, The new way-finding and informational signage will help make the community’s trail rail safer for users of all ages, as well as provide helpful destination information and enhance safety at road crossing situations;

**HomeShare Mount Washington Valley – Gibson** in North Conway; To build a website to inform and facilitate HomeShare matches between homeowners with extra living space and homeseekers willing to live in shared spaces;

**Town of Londonderry**, This project will install ten park benches throughout the Town Common and Kent Allen Town Forest to enhance accessibility to public open spaces for people of all ages; and,

**Upper Valley Lake Sunapee Regional Planning Commission in Lebanon.** This project will develop an Open Data Portal to host data and maps in an accessible and interactive framework that encourages community engagement and dialogue around housing, particularly for the needs of underserved groups.

**Can You Help?**

You may make a donation to ENH through our fiscal agent, Disabilities Rights Center-NH, Inc. which is a non-profit 501 (c) (3) corporation.

Make your check out to Disabilities Rights Center-NH, Inc. and note “EngAGING NH” on the memo line. DRC’s mailing address is 64 North Main Street, Suite 2, 3rd Floor, Concord, NH 03301-4913.

Donations are tax deductible to the extent allowed by law.
A robotic ship from UNH’s Marine School that can map the ocean floor is part of the latest effort to find out what happened to famed pilot Amelia Earhart, who disappeared over the Pacific Ocean eight decades ago. The autonomous vessel known as Ben, the Bathymetric Explorer and Navigator will be mapping the seafloor near an island where Earhart sent her last radio transmission.

OLLI

The Osher Lifelong Learning Institution at Granite State College was founded with a vision of lifelong learning for older adults is celebrating its 15th anniversary. Today, OLLI comprises more than 1200 members, 300 presenters and offer 450 classes and field trips.

To learn more go to olli.granite.edu

Great newsletter. Found it interesting a library in Ill. Hosting a class on dating after 50. Will suggest to my local library!!!

Sherry

We are in great need for high school soccer referees. Know anyone who might be interested in supporting our school teams? It pays $88 for varsity games and $68 for sub-varsity games (and some prep schools pay even more).

Do the math...games at a minimum of $68 per game really add up for someone on a retiree budget or looking for extra income. I can be contacted at rabun@comcast.net.

Don Rabun

If you get a phone call and are asked, “Is this (your name)?” Don’t answer with a “yes” Scammers record your response and then use it to indicate your approval for a purchase. Instead say, “This is he/she.”

Anna

Wonderful. Thank you so much.

Candace

Detective Sgt. Ashley Jones with the Avon and Somerset Police in England was talking to an elderly widow who had been scammed. She would get a call each morning from a man pretending to be her friend, and he eventually convinced her to give him about $31,000.

Jones was struck when she said she didn’t mind sending the con man money. “Otherwise, I would never speak to another person for weeks on end,” he recalled her saying.

She was one of many people, both elderly and young, Jones encountered who were profoundly lonely in his community in Western England. So he decided to do something about it.

Jones convinced the police department to let him designate a couple of “chat benches” in two local parks last month. In mid-June, he hung colorful signs that said: ‘The ‘Happy to chat’ bench. Sit here if you don’t mind someone stopping to say hello’ A few days after the signs went up in local parks in Taunton and
Burnham, Jones took a stroll by each one and saw people sitting there actually talking to each other.

'Fantastically, this has begun to gain traction,' said Jones, a 22-year veteran of the department.

Since the first one, he has facilitated 10 more chat benches, often in places where senior citizens are known to congregate.

He said the "Happy to chat' sign helps break down the invisible wall between strangers who might be sitting side by side but are uncertain about starting a conversation.

The idea is catching on quickly. Less than a week after the benches went up and the police department posted photos on Facebook, Jones started fielding calls from other police departments in England and Wales hoping to do the same.

There are now more than 40 conversation benches scattered throughout the United Kingdom, Jones said, and people in other countries, including Australia and the United States, have shown an interest in doing similar projects.

Cathy Free, Washington Post

**COMMUNITY HAPPENS WHEN SENIORS ARE CONNECTED**

The Penacook Community Center offers programs for neighbors of all ages — from infants to elders. For Kathy and Paul St. Louis, the center’s senior programs gave them a way to create strong community connections when they moved to town.

Paul St. Louis retired seven years before his wife, Kathy. With the freedom from work came an unwelcome side effect: a feeling of being unmoored from purpose.

Paul and Kathy had recently moved to be closer to Paul’s cardiologists. Their children and grandchildren were spread out from Missouri to Alaska to California.

A friend from church told them about the Penacook Community Center.

They joined. Paul started serving meals to seniors, volunteered on the board of directors, went on senior program outings, found a friend who was similarly obsessed with cribbage.

Increasingly, people are moving to new communities after they retire. When they do, they stay healthier and happier when they create relationships in those new places. Nonprofit community and senior centers provide points of connection.

Kathy has since joined Paul in retirement. They read to children in the community center’s preschool; Kathy has done Tai Chi; they have joined trips to Ogunquit, Maine, the Winnipesaukee Playhouse and more. When Kathy learned through the center that the local soup kitchen needed a secretary, she volunteered.

And every week, they have lunch with friends — with Clay and Marti and Iris and Beverly and Adrien and Lizette … People they know,

**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!**
and who know them. “Once you get involved, it’s a wonderful circle,” Kathy said. “We all take care of each other.”

Lois R. Shea, NH Charitable Foundation, 8/13/19

YOUR LOCAL RESOURCES
ServiceLink Aging & Disability Resource Center 866-634-9412 (service-link.nh.gov); 211 NH is the connection for NH residents to the most up to date resources they need from specially trained Information and Referral Specialists.

211 NH is available 24 hours, 365 days a year. Multilingual assistance and TDD access is also available.

EQUIFAX DATA BREACH
Check out www.equifaxbreachsettlement.com to see if you were impacted by the breach a few years ago—140 million were affected—and registered to get $125!!

LIFELONG LEARNING BENEFITS
Lifelong learning benefits more than just the brain. It also boosts self-confidence, deepens relationships, and improves overall health and well-being, suggests a report by the University of Eastern Finland.

Researchers asked 8,646 non-vocational adult learners from 10 European counties who had participated in adult education for at least one year to complete a questionnaire. Using open-ended questions, the researchers gained a qualitative analysis in which participants recognized, named, and described their benefits. The results showed that up to 87 percent of participants experienced positive changes in learning, motivation, social interaction, general well-being, and life satisfaction.

“Participation in liberal adult education generates social capital and learning motivation, which in turn generate health-, work-, and family-related benefits,” says Jyri Manninen and Matti Meriläinen, authors of the report sponsored by the European Commission titled “Benefits of Lifelong Learning.”

HELP!
Do you need help with your Social Security or VA benefits? Do you have questions about the IRS or Medicare? If so, your NH Congressional Delegation can help!

Your two U.S. Senators and two Congresswomen all have staff equipped to help New Hampshire residents with issues, concerns or questions related to the federal government. The contact information for the NH Congressional Delegation is below. Please don’t hesitate to reach out!

Senator Jeanne Shaheen
2 Wall Street, Suite 220
Manchester, NH 03101
603-647-7500
www.shaheen.senate.gov

Senator Maggie Hassan
1589 Elm Street, 3rd Floor
Manchester, NH 03101
603-622-2204
www.hassan.senate.gov

Rep. Chris Pappas
1st Congressional District
660 Central Ave., Unit 101
Dover, NH 03820
603-285-4300
www.shea-porter.house.gov

Rep. Annie Kuster
2nd Congressional District
18 North Main Street, 4th Floor
Concord, NH 03301
603-226-1002
www.kuster.house.gov
In addition to generating multiple benefits for the individuals, adult education also benefits society, state the authors. Improved confidence and well-being increased participants’ tolerance toward others, and parents reported they were better able to support school-aged children.

**CONFRONTING UNCONSCIOUS AGE BIAS**

Not that long ago, living to turn 100 was a milestone very few people reached. Now? It’s the new normal. Half of all Americans born in 2007 will easily exceed the century mark. Yet our thoughts (and fears) about what it’s like to be a certain age haven’t quite caught up with our newfound longevity. To reap the full potential of a long life, we’ll need to deal with age bias head-on.

For the first time ever, four generations — traditionalists, baby boomers, Gen X and millennials — are bumping up alongside each other at home and in the workplace. We have plenty to learn from each other — if we can get past the stereotypes that make us want to keep our distance.

Age is the only universal social category we humans share, points out Michael S. North, an assistant professor of management and organizations at New York University’s Stern School of Business. “Unlike gender or race, literally everyone eventually joins every age group if they live long enough,” he says.

So how can we give every generation a seat at the table?

**Unconscious biases about age**

“The assumptions we make about people can elicit consistent behavior,” says Liz Redford, a consultant at Project Implicit, a nonprofit that studies implicit social cognition. “If you think someone’s boring, you’re going to go in and ask them a boring question, and guess what? They’re going to be boring. It becomes a self-fulfilling prophecy.”

This same dynamic comes into play with older people, who can be common targets of overblown assumptions. “[Older people] can be stereotyped as warm but incompetent, which motivates people to be nice to them but also keep their distance,” says North. “Or they don’t have a clearly defined role in society, so they’re seen as relatively useless and burdensome.”

Although the majority of older Americans are healthy and working well into their 60s, an unconscious bias persists, North says.

But younger people get misjudged, too.

“Are you sure you know what you’re doing?” a patient once asked Felecia Sumner, a Colquitt, Ga.-based family medicine physician in her 30s. “You look like you just graduated high school.”

While initially offended, Sumner chose to respond to the comments with humor.

“You can catch more bees with honey than vinegar,” says Sumner. And, she adds, “Thankfully, I’ve always been able to prove a doubter wrong regarding my expertise and skill set when given the chance.”

But myths persist, and they can lead to harmful stereotypes about older workers.

And one with consequences: Older people exposed to negative age stereotypes experience worse mental and physical health,
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 & 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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says Becca Levy, professor of public health and psychology at the Yale School of Public Health. Younger people who buy into them miss out on “valuable interactions and a chance to benefit from age diversity,” Levy says.

As president of Lawterna-tives, a Chicago consultancy that helps legal professionals rethink their careers, Cheryl Rich Heisler has seen her fair share of older clients who’ve been downsized or burned out and are ready to start over. “Insecure coworkers can make life difficult by leaving an older employee out of the loop, not offering to help or sometimes undermining efforts to succeed,” says Heisler. “They also face negative perceptions like ‘stuck in their ways,’ ‘overpaid,’ and ‘untechnological naysayers.’”

“Luckily, some of the stereotypes that come along with seniority in this type of profession are positive — maturity, improved judgment and experience,” Heisler says. She advises clients to have a plan to learn what they don’t know.

Reality check: Knock back your own bias

The first step to overcoming your age bias? Ac-
knowing that no matter how woke or wise you are, you have one. Here’s what can help.

Don’t self-stereotype. No more joking, “Now that I’m over the hill...” or “I’m having a senior moment.” Self-deprecation makes it harder for younger people to identify with you — and for you to feel good about yourself.

Make yourself a priority.

The more you’re aware of what scares you about getting older, “the less likely you are to engage in reactive, judgmental ways,” says Manly. Addressing the fears that are within your control (like eating well and keeping doctor appointments) will help you stay positive — and healthy.

Resist the urge to always be in charge. “It can take a lot of energy to relate to younger persons whose values don’t mirror those in which you were raised,” says Weech. Still, “don’t always default to either giving tutorials or demanding that things be done a certain way,” she says.

Do you. Focus on the unique skills you can offer. Your experience is a precious resource.

Getting along with people of all different ages is an opportunity — not a burden. And no matter your age now, remember: that will change.

NationSwell Studio, 7/31/19

YOU HAVE A VOICE!

Learn How You Can Use It to Help Shape Federal Policy

This month, the National Health Law Program (NHeLP) released an issue brief explaining the importance of the public comment process, how to submit comments, and how comments impact the implementation of federal policies.

The issue brief explains how to find and respond to comment opportunities, and includes information about additional resources. The Medicare Rights Center regularly participates in the federal regulatory process, weighing in on proposed changes to programs and policies that are important to people with Medicare.

We encourage you to do the same! We frequently post our comments and shorter summaries on our policy resources page and the Medicare Rights blog, and we invite you to use our thoughts and words as jumping off points for your own comments and ideas, or to borrow from our language if it reflects your experience and opinions.

https://blog.medicarerights.org/you-have-a-voice-learn-how-you-can-use-it-to-help-shape-federal-policy/

AN AGE-OLD ISSUE

Did you know that age discrimination is against the law? The U.S. Equal Employment Opportunity Commission defines age discrimination as “Treating an applicant or employee less favorably because of his or her age.”

The law applies to people who are age 40 or older. The following points are covered: hiring, firing, pay, promotions, job assignments, layoffs, trainings and benefits, among many other terms.

If you feel that you’ve been discriminated against based on age, contact the NH Human Rights Commis-
which is mostly derived from the related plant hemp, doesn't have this psychotropic effect.

You need to know the quality and purity of the product. Consider your information source, to ensure you're getting accurate information on CBD, rather than unsubstantiated advertising, testimonials or anecdotes, turn to nonbiased, scientific sources such as the National Institute on Drug Abuse or the Mayo Clinic website.

https://health.usnews.com/wellness/articles/how-to-buy-cbd, Lisa Esposito

**INTERNAL BANDAGE DEVELOPED**

Scientists have created a “spray-on bandage” using the body’s own bacteria. If you get a cut on your skin, you stick a band-aid on it. But what if you get a wound in your gut? When doctors treat injuries to the intestines, they can’t use patches or bandages, because these materials don’t stick to the slippery intestinal walls. Now, a team from Harvard University has come up with a solution for this problem by using the body’s own bacteria in a gel form.

www.engadget.com/2019/08/12/hydrogel-bacteria-gut-injuries/

**BRAIN FOOD**

**Coffee:**

While human research in this area has been conflicting at times, one systematic review of the literature found numerous studies suggesting that lifelong consumption of coffee and other caffeinated beverages was associated with a lower risk of cognitive decline, Alzheimer's, Parkinson's, and dementia. The effect was found to be stronger in women than in men.

**Dark Chocolate:**

The flavanols in dark chocolate and cocoa have known anti-inflammatory and antioxidant effects, which research has found to help enhance cognitive performance and function.

**Fatty Fish:** Salmon, sardines, mackerel, and herring all contain Omega-3 fatty acids that appear to boost brain health and protect against neurodegeneration in older adults.

**Blueberries:**

Or blackberries raspberries, cherries, and other deeply hued fruits rich in anthocyanins and other flavonoids that have been shown to help support memory function.
Walnuts:
Walnuts are loaded with phytochemicals and polyunsaturated fats linked to a wide range of brain benefits.

Green Tea:
One 2017 systematic review found that green tea helped improve memory, brain function, and attention during demanding cognitive tasks. Foods to avoid: fried snacks, soda even diet, and alcohol.


Tackling a Disease with a Personal Connection
Since Sharon Reed Erickson’s husband died last fall, the Rochester woman has been advocating for people with Alzheimer’s disease and their caregivers.

Reed-Erickson said the presidential candidates she has spoken to have a keen understanding of how many Americans are projected to be impacted by the memorystripping disease during the course of their lifetimes.

So far, she has met Beto O’Rourke, Tom Steyer and John Delaney.

“We need more funding for research and trials, and we need something more for caregivers,” Reed-Erickson said.

According to the U.S. Centers for Disease Control and Prevention, in 2020 there will be 5.8 million United States citizens over the age of 65 with Alzheimer’s.

That number is expected to more than double, with 13.8 million people over the age of 65 diagnosed with Alzheimer’s by 2050. Reed-Erickson said the problem can’t be just that people are living longer.

Her husband, Alan, was 63 years old when he was diagnosed in 2012 and the couple exercised, had been vegetarian for over 40 years and there was no family history of dementia.

Reed-Erickson suspects there might be an environmental cause of Alzheimer’s. She said Alan blamed it on a severe head injury he suffered while playing high school football.

An article published on Aug. 5 by “The Brink” reports that researchers from Boston University’s Chronic Traumatic Encephalopathy Center have found a direct link between playing football and white matter changes in the brain. This could contribute to dementia, they said.

Lead researcher Michael Alosco told “The Brink” they also found the hardening of the brain’s small vessels due to cardiovascular diseases such as high blood pressure also contributes to dementia.

Reed-Erickson said what helped Alan cope with having Alzheimer’s disease was interaction with other people. He and a group of other men with the same

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
diagnosis would go for walks on the beach, bowl or go see a movie. “They just did social things, all involving beer. Alan was an elitist when it came to beer. He had an extensive collection of caps,” Reed-Erickson said with a smile.

As a couple, they would participate in the Alzheimer’s Café in Dover, held monthly at the Children’s Museum of New Hampshire. That was therapeutic for both of them, Reed-Erickson said.

Paula Rais is the vice president of development and community engagement at the museum. She said the Alzheimer’s Café is not a support group, but rather a place for couples to enjoy spending time with others who are facing the same challenges.

To find an Alzheimer’s Café near you, call ServiceLink 866-634-9412.

Kimberley Haas, Union Leader, 8/27/19

Anxiety Attack Tips

Look around you and find 5 things you can see, 4 you can touch, 3 you can hear 2 you can smell and 1 that you can taste. This is called grounding and helps when you feel you have lost control of your surroundings.

Fiber Deficiencies

Only 5 percent of people in the US meet the Institute of Medicine’s recommended daily target of 25 grams for women and 38 grams for men. That amounts to a population-wide deficiency — what nutritionists call the “fiber gap.” Fiber is the closest thing we have to a true superfood — or super-nutrient since it’s a part of so many different foods. Eating a fiber-rich diet is associated with better gastrointestinal health and a reduced risk of heart attacks, strokes, high cholesterol, obesity, type 2 diabetes, even some cancers. That’s because fiber is amazingly helpful in many ways: It slows the absorption of glucose — which evens out our blood sugar levels — and also lowers cholesterol and inflammation. Fiber also helps us poop better, and plays a huge role in nourishing our gut microbiome—the ecosystem of microbes in our intestines that are linked to better brain health. The truth is if fiber were a drug, we’d be all over it. But the average American gets just 16 grams per day — half of what we should be eating. To close the fiber gap, we need to eat more beans, seeds, sweet potatoes, pears, and other fiber-rich foods.


Alexa and Health Care

Amazon has big ambitions for its devices. It thinks Alexa, the virtual assistant inside them, could help doctors diagnose mental illness, autism, concussions and Parkinson’s disease. It even hopes Alexa will detect when you’re having a heart attack.

At present, Alexa can perform a handful of health care-related tasks: “She” can track blood glucose levels, describe symptoms, access post-surgical care instructions, monitor home prescription deliveries and make same-day appointments at the nearest urgent care center. Amazon has partnered with numerous health care companies, including several in California, to let consumers and employees use Alexa for health care purposes.

Workers at Cigna Corp. can manage their health improvement goals and earn wellness incentives with Alexa. And Alexa helps people who use Omron Healthcare’s blood pressure
monitor, HeartGuide, track their readings.

But a flood of new opportunities are emerging since Alexa won permission to use protected patient health records controlled under the U.S. privacy law known as the Health Insurance Portability and Accountability Act (HIPAA). Before, Alexa had been limited to providing generic responses about medical conditions. Now that it can transmit private patient information, Amazon has extended its Alexa Skills Kit, the software development tools used to add functions. Soon, the virtual assistant will be able to send and receive individualized patient records, allowing health care companies to create services for consumers to use at home.

Amazon’s efforts in this domain are important because, with its 100 million smart devices in use worldwide, it could radically change the way consumers get health information and even treatment — and not just tech-savvy consumers. Analysts expect 55% of U.S. households will have smart speakers by 2022.

Some of Alexa’s new skills depend on a little-understood feature of the devices: They listen to every sound around them. They have to in order to be ready to respond to a request, like “Alexa, how many tablespoons in a half-pint?” or “Put carrots on the shopping list.”

University of Washington researchers recently published a study in which they taught Alexa and two other devices — an iPhone 5s and a Samsung Galaxy S4 — to listen for so-called agonal breathing, the distinct gasping sounds that are an early warning sign in about half of all cardiac arrests. These devices correctly identified agonal breathing in 97% of instances, while registering a false positive only 0.2% of the time. Earlier research had shown that a machine learning system could recognize cardiac arrest during 911 emergency calls more accurately and far faster than human dispatchers could.

“It opens possibilities to deliver care at a distance,” said Dr. Sandhya Pruthi, lead investigator for several breast cancer prevention trials at the Mayo Clinic, which has been on the front lines of using voice assistants in health care. “Think about people living in small towns who aren’t always getting access to care and knowing when to get health care,” she said.

“Could this be an opportunity, if someone had symptoms, to say, ‘It’s time for this to get checked out?’”


**Dollars & Sense**

**DOCUMENTS TO PROTECT YOUR FINANCES**

there are four documents that were essential in identifying who would make some very critical decisions. A will, A durable power of attorney, A health-care power of attorney, and A living will. Thinking that we need these documents when we are well can be intimidating and maybe a little morbid, but an unforeseen accident or serious illness can happen. Unfortunately such incidents are often times when we can’t think clearly, or even have the capacity. For explanations on

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**HELP SPREAD THE WORD!**

If you like this newsletter, please share it with your family, neighbors, friends and colleagues.
what these documents can do, go to:

**GENETIC TESTING SCAMS**

Sen. Maggie Hassan of New Hampshire has joined two other senators in calling on Attorney General William Barr and Health and Human Services Secretary Alex Azar to protect seniors from a scam targeting Medicare recipients.

Criminals are reportedly targeting seniors by offering genetic testing they claim is covered by Medicare, wrote Hassan, D-N.H., and Sens. Bill Cassidy, R-La., and Sheldon Whitehouse, D-R.I.

‘...scammers are deceiving Medicare beneficiaries and inducing them to receive genetic test screenings covered by Medicare Part B. This results in potentially compromised personal health information and the American taxpayer paying for unnecessary tests ranging in average price from $6,000 to $9,000, and up to $25,000,’ the senators wrote in the letter.

**TAXES AND MEDICARE SHARE**

An article by Linda Mercado for CNBC, on personal finances as they relate to federal taxes and the amount you pay for Medicare, points out three key points to consider:

Money coming out of a 401(k) is subject to income tax rates, which top out at 37%;

To tailor your taxes in retirement, you’ll need a combination of taxable, tax-deferred and tax-free savings; and
Manage your withdrawals from these accounts to keep your Medicare premiums down.


NEW REPORT
HIGHLIGHTS RECENT PROPOSALS TO CONTROL PRESCRIPTION DRUG COSTS

Prescription drug affordability within the Medicare program remains a top concern for many Americans, and policymakers are responding. Members of Congress are working on legislative solutions, and the Trump administration has unveiled a variety of regulatory proposals. Several 2020 presidential candidates have also weighed in, outlining their vision for the future.

Though some of these approaches are more likely than others to effectively control Medicare spending and improve beneficiary access to affordable prescription drugs, in sum they are indicative of broad agreement across the political spectrum on the need for reform.

A new report from the Kaiser Family Foundation examines a number of these proposed and recent changes—including those related to the Part D benefit design, the Low Income Subsidy (LIS) program, drug importation, generic drug availability, and price transparency—outlining the implications for people with Medicare and the program itself. This comprehensive resource will be updated regularly to reflect evolving policy discussions.


REQUIRED MINIMUM DISTRIBUTIONS (RMDs)

Learn about the withdrawals you’re required to take.

When you reach age 70½, you’re required to withdraw a certain amount of money from your retirement accounts each year. That amount is called a required minimum distribution, or RMD.

RMD rules apply to tax-deferred retirement accounts:

- Traditional IRAs
- Rollover IRAs
- SIMPLE IRAs
- SEP IRAs
- Most small-business accounts
- Most 401(k) and 403(b) plans

Taking RMDs

The deadline for taking RMDs is December 31 each year. If you have an IRA, you may delay taking your first RMD (and only your first) until April 1 of the year after you turn 70½. If you choose to delay your first RMD, you’ll have to take your first and second RMD in the same tax year. To understand how delaying your first RMD impacts your taxes and future RMDs, review your options.

For your workplace retirement accounts, if you are still working and don’t own more than 5% of the business you’re employed by, you may be able to delay taking an RMD until April 1 of the year after you retire. Keep in mind, this rule does not apply to IRAs or plans with companies you no longer work for.

Do you know an Elder leader making NH better for all of us as we age?

Nominated him or her for a Vaughan Award!

Nomination forms are online at

www.engagingnh.org/vaughan-awards.html
Don't miss your RMD deadline, because regardless of your account type, the IRS penalty may be severe—50% of the amount not taken on time.

Consider creating a retirement income strategy for taking withdrawals that includes all of your retirement income sources.

Calculating your RMD amount
Your RMD amount is calculated by dividing your tax-deferred retirement account balance as of December 31 of last year by your life expectancy factor.

Your life expectancy factor is taken from the IRS Uniform Lifetime Table. However, if your spouse is the only primary beneficiary and he or she is 10 years younger than you, your life expectancy factor is taken from the IRS Joint Life Expectancy Table.

How RMDs are taxed
The IRS taxes RMDs as ordinary income. This means that withdrawals will count toward your total taxable income for the year. They will be taxed at your applicable individual federal income tax rate and may also be subject to state and local taxes. If you made nondeductible contributions to your IRA, you must calculate your RMD based on the total balance, but your taxable income may be reduced proportionately for the after-tax contributions.

Keep in mind that this income increase may push you into a higher tax bracket and may impact the taxes you pay for your Social Security or Medicare.

If you'd like to reduce the effect of RMDs on your taxes, consider making a qualified charitable distribution (QCD). A QCD excludes the amount you donate from taxable income and can be counted toward satisfying your RMD for the year, as long as certain rules are met.

A tax advisor can help you determine when to take RMDs and if a QCD is appropriate for your situation.

RMDs for other retirement accounts
For Roth IRAs, there are no RMDs if you’re the original owner. Withdrawals from a Roth IRA will not help satisfy your annual RMD requirement for your tax-deferred IRA. However, if you have inherited a Roth IRA, you are subject to RMD rules.

If you inherit an IRA (including Roth IRAs), you may be required to begin taking RMDs by a certain date.

Fidelity.com

Laugh & Live Longer

TWO PRIESTS VACATION IN HAWAII

They were determined to make this a real vacation by not wearing anything that would identify them as clergy. As soon as the plane landed they headed for a store and bought some really outrageous shorts, shirts, sandals, sunglasses, etc.

The next morning they went to the beach dressed in their 'tourist' garb. They were sitting on beach chairs, enjoying a drink, the sunshine and the scenery when a 'drop dead gorgeous' blonde in a topless bikini came walking straight towards them.

They couldn't help but stare.

As the blonde passed them she smiled and said “Good Morning, Father; Good Morning, Father,” nodding and addressing each of them individually, then she passed on by. They were both stunned. How in the world did she know they were priests? So the next day, they went back to the store and bought even more outrageous outfits.
These were so loud you could hear them before you even saw them!

Once again, in their new attire, they settled down in their chairs to enjoy the sunshine. After a little while, the same gorgeous blonde, wearing a different colored topless bikini, taking her sweet time, came walking toward them. Again she nodded at each of them, said “Good morning, Father; Good morning, Father,” and started to walk away.

One of the priests couldn't stand it any longer and said, 'Just a minute, young lady.' 'Yes, Father?' 'We are priests and proud of it, but I have to know, how in the world do you know we are priests, dressed as we are?'

She replied, 'Father, it's me, Sister Kathleen’
(They should have looked at her face!)

**SELFIE**

My wife sent me a selfie of herself in a new dress with the text message, “Does this dress make my butt look big.”

I texted back “NOO!”

My phone auto corrected my reply to “MOO!”

**PLEASE HELP ME! I NEED MONEY FOR FOOD AND SHELTER UNTIL SHE CALMS DOWN.**

Sheila Nelson, a truehearted Volunteer found her calling to help others during many different situations. She has been coming to Hanover Terrace since October 13, 2013 following the admission and then passing of a loved one. For being a smiling face to a helping hand, no job description could ever cover her extras. That is why we call her our unique volunteer. Throughout the years, Sheila has truly become such a big advocate for the Upper Valley Community. Residents and staff alike watch for her to come in and greet her with open arms and smiles. Not only does she spend time listening and lending a hand to decorate their room or walker basket, but she never stops. No item is too little to take a special trip, and no task is too big or small to take on. She is even known for keeping in touch with residents who transition back home after a rehab stay, sending cards from staff and other residents thinking of them.

Sheila has an excellent empathy with people of all ages. Interacting in many different situations with both young children and the elderly, and every age in between. Her exceptional communication skills allow her to connect with all kinds of people and to inspire them to put forth their best effort. She is known for amazing baked goodies and brings them to share with residents, staff and families. *Residents have been known to share their secret recipes and*
Shelia will help them make them!

Shelia is such an asset to our community, assisting in many other volunteer opportunities as well. She assisted in NH Girl Scout Troops earning recent badges for assisting with the elderly. Her kind heart makes our intergenerational programming a success. She also assisted with The Walk to End Alzheimer’s Upper Valley (NH & Vermont division) assisting with raising $100,000.00 to support families and people living with Alzheimer’s. She continues to go on facility trips with cognitively impaired residents making them feel safe back in the community.

Sheila is a skillful, capable, dedicated, and personable woman, who is always quick on her feet, with sensible reactions in all the circumstances and capable of handling any situation with thoughtfulness and warmth. An outstanding, hardworking and trustworthy person. She has been able to inspire many others to join her in volunteering in our community.

She is a special woman who brings so much to the Upper Valley Community. We are all so very grateful for her selflessness. She continues to touch so many lives and she leaves them with a lasting impression. It does not matter who you are, Sheila is there to offer love and support. From the bottom of all of our hearts here at Hanover Terrace, Thank you Shelia for your love and dedication to all of us. At her amazing age 85, she is a true inspiration to all she meets.

Board Notes

Daily Muse

When I was younger, I thought my task was to forge ahead and succeed as an individual. But growing older has helped me realize that our success lies in our relationships— with the family we are born into, the friends we make, the people we fall in love with, and the children we have.

Sometimes we struggle, sometimes we adapt, and at other times we set a course for others to follow. We are all leaders and followers in our lives. We are constantly learning from and teaching one another. We learn, too, that the most important work is not done by those who seem the most important, but by those who care the most.

Moon in Aquarius, Caroline Kennedy

Recently an article on the website changingaging.org was brought to our attention. The piece entitled “The Paradox of Change: An Analogy Between the Women’s Movement and the Positive Ageing Movement”. The author, Franci Williams said,

“The purpose of my paper is to apply the above history and analysis of feminism to the positive aging movement. Both communities share similar values, struggles, and populations. My query began with what can these idealistic, radical, innovative movements teach and learn from each other now.”

It is quite provocative and resulted in many back and forth emails from EngAGING NH board members. Here’s one that gives a flavor of our thoughts:

“I’d actually never heard of the Positive Ageing Movement, so this was interesting. You’d kind of think...
that with us rambunctious Boomers now well into the ageing process, political activism around our issues (light and dark) would be more visible. Maybe the ingrained nature of ageism, plus the challenges that come with being old, combine to create a stubborn invisibility. And, as the author cautions, there's a tendency among all social movements to define themselves too narrowly, fail to reach out to all constituents and allies, and lose vitality and impact.

I completely agree that we've been co-opted by market forces that have taken advantage of both our needs and resources and helped warp our own image of ourselves and what we are or ought to be. It's a good thing to point this out often to ourselves. She seems, though, to be advocating for a movement that's kind of all things to all elements of ageing. I came away overwhelmed. Maybe it makes more sense for organizations like ours to carefully define ourselves, our mission and our goals, rather than think we should take on the complex social/political/spiritual needs of our cohort-- with the understanding that other organizations, while having a different focus, are our confederates in advocacy.”

We encourage you to read the article which can be found at:


Please share your thoughts with us.