



OLLI TIMES

OLLI AT FSU'S MONTHLY NEWSMAGAZINE

www.oli.fsu.edu

APRIL 2021

OLLI "GREAT GIVE" RAISES \$9,070; EXPLODES PAST GOAL OF \$5,000

This year's "Great Give" raised \$9,070 for OLLI, exploding past the goal of \$5,000. There were 96 donations from 133 OLLI members, friends and supporters (counting spouses) who donated during the March 10 donation period. The university-wide FSU Great Give is an online giving campaign that supports academic programs, scholarships and student activities.

"This year, our OLLI's focus is on modernizing and improving our learning facilities and academic programs, with new adaptations for distance learning," OLLI Executive Director Debra Herman said.

According to FSU records, Of the 96 donors, 46 are alumni, 9 are students, 7 are parents, 12 are faculty and staff,

7 are board members, and 30 are listed as friends. Of particular note is that, of the 96, 54 donated \$50 or less, demonstrating "that while large donations are always appreciated, small donations do add up and are equally appreciated," she added.

The goal of \$5,000 was set this year because of the effect of the pandemic on donations. OLLI Executive Director Herman was elated at the results for this year, considering the unprecedented circumstances.

"This is a remarkable outpouring of support for our OLLI at FSU programs; this will allow us to grow OLLI for the future. A big THANK YOU to all of you who made this wonderful program a success beyond any expectation," she said.

OLLI BUSINESS MEETING REPLACES ANNUAL PICNIC

JOIN THE OLLI BUSINESS MEETING VIA ZOOM ON APRIL 8 FROM 2-3 P.M. THIS MEETING, REPLACING THE ANNUAL PICNIC DUE TO THE CORONAVIRUS PANDEMIC,

WILL FEATURE DISCUSSION OF UPCOMING PLANS, AND THE CONTINUATION OF THE LEADERSHIP TEAM FOR ANOTHER YEAR.

OLLI OFFICERS, ADVISORY COUNCIL MEMBERS, SPECIAL INTEREST GROUP LEADERS TO CONTINUE SERVICE TO 2022

Because the pandemic precluded some officers from having to perform their responsibilities, OLLI Director Debra Herman, upon the suggestion of President Harriet Waas, First Vice President Jack Mapstone, Second Vice President Bruce Bechard and Immediate Past President John Kilgore, announced that all officers,

Advisory Council members and Special Interest Group leaders will continue serving in their respective capacities from April of this year through April 2022.

All members of the OLLI Leadership Team will remain in their positions as long as they desire to do so. "I am so thrilled that these officers are willing to continue for another year. Certain responsibilities, such as securing class hosts and organizing our showcases, were not needed last year because we couldn't meet face-to-face and relied on ZOOM sessions.

This is further evidence of the incredible efforts of our volunteers to make OLLI a truly rewarding experience for our seniors," Herman said.

OLLI LEADERSHIP TEAM MEMBERS TO SERVE A SECOND TERM



HARRIET



JACK



BRUCE

For the second consecutive year, **Harriet Waas** is OLLI president; **Jack Mapstone** is first vice president and **Bruce Bechard** is second vice president.

Advisory council as member representatives are **Robin Brinkmeyer, Marie Clewis, Karyn Hornick, Kathie Emerich** and **Mary Ann Price**, who represents Westminster Oaks.

As president, Harriet is chair of the advisory council and, in conjunction

with the director, guides the business of OLLI. She has appointed David Heath as Advisory Council recording secretary.

As first vice president, Jack manages the activities calendar and chairs the special interest groups/clubs. As second vice president, Bruce is responsible for selecting class hosts and chairs the Membership Satisfaction Committee. All three serve on the Curriculum Committee. Scholarship recipients are named in another article in the OLLI Times.

REGISTRATION FOR SUMMER SEMESTER SET FOR APRIL 19

Registration for OLLI's first Summer Semester in its history is set for April 19. "In the past, the Spring Semester was usually followed by a one-month period that featured three-session classes and a few activities, all during May; hence, a Maymester. However, the coronavirus has forced OLLI to make accommodations to keep our membership engaged," Executive Director Debra Herman said.

"The particular age group of our OLLI members requires that we place even greater emphasis on social distancing, but this has allowed the creative juices of our volunteers to think outside the box in coming up with ideas to keep our classes and activities fresh and

exciting," she said.

"I can't say enough about our wonderful volunteers who have been dedicating countless hours since we ceased on-campus classes last March and replaced that with classes and activities via ZOOM.

Now that it looks like we will be ZOOMing our classes and activities for the foreseeable future, our volunteers, working with staff, have undertaken an unprecedented offering, after the usual Spring Semester, of a complete semester during the Summer months that will feature a full slate of classes and activities," she said. There will be six-week and three-week classes.

FSU NAMED AN AGE-FRIENDLY UNIVERSITY FOR ITS OUTREACH TO FLORIDA'S OLDER ADULTS

From FSU University News

(Editor's Note: This article first appeared in 2017.)

The Osher Lifelong Learning Institute is one of many activities that contribute to FSU's standing as an Age-Friendly University. Florida State University has been named a member of the Age-Friendly University Initiative, an international effort to

highlight the role higher education plays in meeting the challenges and opportunities of an aging population.

FSU is the first Southern university to obtain Age-Friendly University status from the initiative, which is led by Dublin City University with support in the United States from the Association for Gerontology in Higher Education.

“For years, Florida State University’s faculty and staff have worked to include older citizens in all we do,” said Janet Kistner, vice president for Faculty Development and Advancement. “We are committed to providing educational opportunities to people of all ages and in various stages of career development and life. We are pleased to see this commitment recognized, and we will continue to expand on these achievements.”

To become an Age-Friendly University, FSU demonstrated that it encourages participation of older adults in all core activities, including education and research. There are 10 factors in all, including promoting intergenerational learning, widening online educational opportunities for older adults, engaging FSU’s retired community and sustaining dialogue with organizations representing the interests of the aging population.

FSU is the first Southern university to obtain Age-Friendly University status from the Association for Gerontology in Higher Education.

“We want the public to know the interests of older Americans are important to the university, and we want to include them in our research and other activities,” said Neil Charness, director of **FSU’s Institute for Successful Longevity** and the William G. Chase Professor of Psychology.

Charness’ proposal that FSU seek this prestigious designation enjoyed enthusiastic support from other university leaders such as Anne Barrett, director of the **Pepper Institute on Aging and Public Policy**, and Larry Polivka, director of the Pepper Center, and from those in the community.

“I’m so pleased that FSU has been designated an Age-Friendly University,” Barrett said. “It’s one of the many small steps toward an age-friendly world.”

Among the many activities that contribute to FSU’s standing as an Age-Friendly University is the popular Osher Lifelong Learning Institute, known to many as OLLI.

“The Osher Lifelong Learning Institute at FSU has a membership of about 1,000 students, most age 50-plus, who love to learn and who can select from nearly 100 challenging academic courses each year, along with a wide range of activities, field trips, clubs, travel and other learning activities,” said Debra Herman, OLLI’s director.

Sheila Salyer, manager of the Tallahassee Senior Center and a member of the Institute for Successful Longevity’s Advisory Council, said the Age-Friendly University designation goes hand-in-hand with the City of Tallahassee’s Age Friendly Community project initiated by the

city commissioners. “Lifelong learning helps older adults stay actively engaged in their community and renews a sense of purpose,” Salyer said. “We are proud to partner with FSU in these efforts.”

Charness said the designation will help the university remain focused on elder issues. “Faculty across the university

are aware of the need to ensure that

FSU’s research agenda addresses the needs of an aging society,” Charness said. “This Age-Friendly University designation will help us to promote public discourse on how higher education can better respond to the varied interests and needs of older adults.”

OLLI ANNOUNCES 2021 SCHOLARSHIP RECIPIENTS

The 2021 OLLI Scholarship recipients are Jessica DeHart, Elizabeth “Nami” Pruitt, Sierra Smith, Eric Salsgiver, and Cherish Michael.

Jessica DeHart is the first recipient of the new OLLI \$500 Student Veteran Scholarship. Formerly a Pharmacy Technician while serving in the U.S. Air Force, she is currently a junior majoring in Psychology. Ms. De Hart plans a career in Clinical Psychology. She hopes to address the mental health needs of minorities and to work against the stigma around mental health issues. Ms. DeHart plans to use the scholarship to maximize her college experience through service learning. Four additional students received \$2000 scholarships.

Elizabeth “Nami” Pruitt, is a sophomore majoring in International Affairs and Political Science, with a minor in Environment and Society. Ms. Pruitt hopes to become a foreign

service officer. Her community service includes developing a program with Big Brothers Big Sisters as well as working as a legislative intern with the Sierra Club’s Government Affairs team. Inspired by her mother’s Japanese background, Ms. Pruitt plans complete a Global Exchange at Waseda University in Tokyo, Japan during the 2021-2022 academic year. She will use the scholarship for room and board expenses.

Sierra Smith is a Master of Fine Arts (MFA) candidate in the College of Motion Picture Arts (the Film School). Majoring in screenwriting, Ms. Smith hopes to work in the entertainment industry. She aspires to work against ageism and to support older female actresses in telling their stories as they continue their lifelong journey. Ms. Smith volunteers with the local Crisis Text Line, supporting a wide range of individuals in times of crisis. The

OLLI scholarship will help pay tuition and housing costs as she completes her masters' degree.

Eric Salsgiver is a Doctorate of Nursing Practice (DNP) candidate in the College of Nursing, specializing as a Family Nurse Practitioner. A student who epitomizes the value of lifelong learning, Mr. Salsgiver has over 25 years of work experience as a registered nurse, and he has also been serving as a teaching assistant to undergraduate students in the College of Nursing. Mr. Salsgiver serves on the advisory board for Grace Mission, a local service organization that provides meals, clothing, and services to help meet the basic needs of homeless and underserved individuals. Additionally, Mr. Salsgiver facilitates a bereavement group at St. John's Episcopal Church. He will use the scholarship to help with tuition costs.

Cherish Michael is a PhD candidate in the College of Social Science and

Public Policy (COSSPP). She is a Sociology major. Ms. Michael's research focuses on gender differences of physical pain explained through social and economic factors. A current project of Ms. Michael's involves shaping the educational materials related to safe mobility for the aging population. After completing her PhD, Ms. Michael plans to continue research relating to aging, gender, and health. She currently works both as a graduate assistant in the Sociology Department and as an online course mentor to non-traditional students. Ms. Michael will use the scholarship to help pay fees associated with the Gerontology Society of America 2021 Conference and to attend a workshop in research methods at the University of Michigan.

Congratulations to an outstanding group of students! A special thanks to the wonderful OLLI members whose donations continue to make our scholarship program possible.

MONDAY BOOK CLUB SETS APRIL-JUNE SCHEDULE

The Monday Book Club is in the process of selecting books for next year!! We hope to be able

to return to meeting face-to-face come fall. In the meantime, we continue to meet via Zoom and are delighted to be able to look forward to having the author of our April selection meet with us on April 12, 11 a.m. - 12:30 p.m. Donna

Meredith's **Buried Seeds** will delight all! Donna has lived in Tallahassee for a number of years. Perhaps you will join us!!

For July and August, we will be taking a break, but between now and then we will be reading and discussing **Olive, Again** by Elizabeth Stroud for May and **Euphoria** by Lily King for June. We meet on the second

Monday of each month, September through June. Email Ramona Bowman at rbowman0721@gmail.com with questions or to let us know that you

will join us for the meeting. We will need to have you on our Zoom Invite list.

THE PRESIDENT'S PAGE

Harriet Waas
President, OLLI Advisory Council



OLLI's Great Give - WOW!

Thank you to all of our loyal OLLI members who supported the 2021 Great Give on March 10! This was indeed a GREAT event. We raised a total of \$9,070 and exceeded our initial goal of \$5000. What an amazing accomplishment!

The request that OLLI needed the help of all of its members to sustain and build excellence was definitely heard. There were 96 donations and you can find more information about these donations in the lead article. 54 donations, just over half, were \$50.00 or less.

One crucial part of the Great Give drive will be improving our learning facilities, including upgrading the Broad Auditorium and its audio-visual equipment, and future distance learning opportunities.

Member contributions also support lectures throughout the year, give special focus on academic programs, fund scholarships for FSU students and OLLI students in need, and offer events beyond the regular agenda of classes, activities, and travel. Thank you all again for your generous donations.



THE CLAUDE PEPPER CENTER

Visit www.claudepeppercenter.com for access to many additional resources
Follow [www.facebook.com/ TheClaudePepperCenter](https://www.facebook.com/TheClaudePepperCenter) for daily updates

Nontraditional Small House Nursing Homes Have Fewer COVID-19 Cases and Deaths

This report was published by JAMDA and authored by Sheryl Zimmerman, PhD, and others. The full study is available at <https://bit.ly/2PvrX65>. The following is an introduction by Claude Pepper Center Staff.

Green House and other small nursing home (NH) models are considered “nontraditional” due to their size (10–12 beds), universal caregivers, and other home-like features. They have garnered great interest regarding their potential benefit to limit Coronavirus Disease 2019 (COVID-19) infections due to fewer people living, working, visiting, and being admitted to Green House/small NHs, and private rooms and bathrooms.

The pandemic has revealed the urgent need to reconfigure and replace outdated forms of residential long-term care, especially the large, traditional nursing home. The Green House Project is the antithesis to the traditional nursing home completely reimagining the residential long-term care setting in a way that provides quality of care, quality and meaningful life, privacy, dignity, and empowers Elders and staff—all with a cost that’s comparable to other

settings. Satisfaction with quality of life among Elders and their families is high and staff turnover is low.

Given the model’s success, the findings from Zimmerman and colleagues that Green House homes were not as significantly and negatively impacted as other, larger homes are not surprising. Green House homes are perhaps, the best way forward to buffering against the effects of future pandemics while improving the lives of people who live and work in residential long-term care. Legislation at the federal and state levels could be introduced to incentivize the development of additional Green House homes—even encouraging their construction as the industry standard—including higher Medicare and Medicaid reimbursements and lifting the moratorium on new nursing home construction (in states like Florida, for

example) exclusively
for Green House home construction.

Nursing-home attendants need proper training

Florida's Agency for Health Care Administration, the agency tasked with overseeing Florida's skilled nursing facilities, may permit nursing homes to use "personal care attendants" to staff facilities, permanently. These PCAs are not nurses. They are not even Certified Nursing Assistants. Instead, PCAs are caretakers that complete an eight-hour training requirement before caring for Florida's most vulnerable patient population. Eight hours of training.

Originally, AHCA intended on permitting PCA staffing only temporarily during the COVID-19 crisis. However, now lawmakers are contemplating a bill that would allow PCAs to replace traditional staff on a permanent basis. Senate Bill 1132 and House Bill 485 would allow non-certified attendants to begin working in long-term care settings after just eight hours of training. The bills would allow nursing homes to further reduce their already low staffing expenses, by replacing CNAs with lesser-paid PCAs.

Most owners in the industry are applauding the proposed lowering of

staff requirements, as it would allow the for-profit corporations that control Florida's long-term care industry to slash overhead and increase profits. But remember, many of these companies are owned by investment bankers, not doctors. The primary focus is on the bottom line, not resident well-being.

The impact on resident care is frightening. The change would allow nursing-home corporations to hire laypeople, with less than a day's training, and bring them into a facility to care for residents with advanced dementia, Alzheimer's disease, oxygen tanks, feeding tubes or wheelchairs. Many residents take an abundance of prescription medication. Disaster is not just foreseeable; it is imminent.

The result will be felt, not only on the company's budget sheet, but in Florida's hospitals. This patient population is the most sick, the most frail and the most in need. They deserve proper care. Bringing in previously unemployed non-health care professionals, with less than one day's training, is a formula for tragedy in our long-term care facilities. Florida's seniors deserve better. *(This is an excerpt of an opinion piece by Michael Brevda and published in the Orlando Sentinel. You can find the full text at: <https://bit.ly/3w10nys>.)*

WEDNESDAY BOOK CLUB SETS PROGRAMS FOR APRIL AND MAY

On April 14, the Wednesday Book Club will consider Before We Were Yours by Lisa Wingate. Charlene Estes will be leading our discussion.

Our book for May is Pachinko by Min Jin Lee, a finalist for the National Book Award of 2017. Beginning in 1910 during the time of Japanese colonialization and ending many decades later in 1989, Pachinko is the epic saga of a Korean family told over four generations. The family's story starts with Hoonie, a young Korean man born with physical deformities, but whose destiny comes from his inner strength and kindness. Hoonie's daughter, rather than bring shame on her family, leaves their homeland for Japan, where her children and grandchildren will be born and raised; yet prejudice against their Korean heritage will prevent them from ever feeling at home. In Pachinko, Lee says

much about success and suffering, prejudice and tradition, but the novel never bogs down and only becomes richer, like a sauce left simmering hour after hour. Lee's exceptional story of one family is the story of many of the world's people.

They ask only for the chance to belong somewhere—and to be judged by their hearts and actions rather than by ideas of blood traits and bad seeds.

Denise Vandiver will be leading our discussion, and copies from a Leon County Library Traveling Book Club will be available to club members.

Our list of books to be read during the 2021-22 membership year will be announced at the May meeting. Don't forget to sign up for the Wednesday Book Club when you register for the summer OLLI term!

FROM THE WRITERS' CLUB

All or Nothing
By Diane Haggerty
Poland – World War II

(Editor's note: This is a story by the author that came from a writer's prompt in an OLLI Writers' class. It

became the first chapter of her novel and she now at 35,000 words. The prompt was 'hidden inside'. Can you

spot it in the story? Diane enjoyed the classes so much and gained a lot of valuable information and insight as well. This is called “All or Nothing” and the first chapter introduces us to Sonja, her protagonist.)

Sonja stood, checking her reflection in the mirror. A blonde young woman with a face pale as frost and nervous green eyes looked back at her. She looked afraid. This would never do. She pinched her cheeks, bit her lips and color returned.

She slipped out the front door. Her breath transformed into transparent clouds in the frozen air. Her boots crunched noisily in the snow as she walked down the dark empty streets.

The houses were dark, and looked abandoned as she passed by, but occasionally she could see a sliver of yellow light squeezing out into the night, or smell the woodsy smoke from a chimney. She longed to turn around, but bravely crept forward.

Arriving at the corner specified, she waited nervously, ‘Where is my contact? He should be here by now.’ She grew frightened as her imagination bloomed. She waited, in the shadow of a doorway, fearing discovery.

Hidden away were the documents she smuggled out of the police station where she worked, now occupied by the Nazi forces, as was all of Poland.

If caught, Sonja would be executed as a spy. If successful, the struggling patriots might strike a blow against the invaders.

Sonja had personally felt the humiliation and fear that now ruled her town. People lowered their eyes whenever the Nazis arrogantly strode by; they acquiesced and gave up their food, their hunting rifles, their warm boots and coats when the soldiers went house to house to collect them; they obeyed silently when soldiers took their husbands and sons at gunpoint to be shipped to Germany for a workforce; as the Jews were restricted, labeled, herded, and finally shipped in cattle cars to where, no one knew. They were caught in a national nightmare but abject fear kept most people doing whatever it took to not get noticed, not get taken, not disappear.

One cold day, everyone was ordered to the town square. They massed together and stood not moving under a sky as hard as bullets and they waited. The women held their shivering children tight and men stood helpless, their fists clenched in frustration. Sonja gripped her mother’s hand tightly. No one knew why they had gathered and whispered guesses only served to increase the agitation and fear. The Gestapo dragged forward the usually jolly mayor, Georg Toth – his

head lolled on his chest. His eye was blackened and swollen, his mouth bloody and his front tooth broken. There was a collective gasp. The officer in charge shouted the charges against him. Mayor Toth had continued to display the Polish flag in his office, side by side with the Nazi flag. The announcement was delivered with contempt. "There is no Poland. It no longer exists. There is no Polish law. There is only Germany and you are under German rule. You must obey, immediately. Obey and live. Disobey and die." The sentence was pronounced that Mayor Toth would be hung. People cried out in disbelief and protest. The soldiers turned their guns towards them and the protests died on their lips. Mayor Toth was led to a scaffold and the rope was jerked over his head. He lifted his head and shouted "Long live Poland" just before he dropped.

There was quiet weeping and shock. They were powerless to do anything to stop this but it had to be stopped. What could she do, one woman, against this evil that had spread over their land like a dark shadow. She was galvanized to do something to help her country. And this is why tonight she is standing on a dark corner waiting for a contact from the resistance, to hand over the map that might help the freedom fighters. What would happen to her mother and small brother if she was discovered? Could she go through with this? She could turn around now and go back

home to a warm fire, some hot tea, and be soothed by the rhythmic creaking of mama's rocking chair as she knitted warm stockings with wool unraveled from an outgrown sweater. No one would know, they would be safe. Wouldn't they?

Sonja's knees were shaking but she didn't know if it was from cold or fear. She blew on her hands inside the mittens, softly stomping her feet to regain feeling in her toes. It was past curfew and she was subject to immediate arrest. She decided to wait only another five minutes.

Headlights approached slowly and for an instant Sonja was illuminated as she pressed herself against the building. It stopped and she heard the door open. "Please, God, no", she thought. Several soldiers got out and approached her. They were young and staggered slightly, the odor of alcohol on their breath, their skin, their clothes. They spoke sharply in halting Polish, "What's a pretty girl like you doing out here by yourself? Who're you waiting for? You're breaking curfew". Sonja stammered, numbed with fear.

Suddenly a young man with dark curls peeking out from a worker's cap, his thin jacket collar turned up against the cold, came around the corner. "There you are, my darling. Forgive me for making you wait". He slipped easily between Sonja and the soldiers with a shy smile, embraced and then kissed

her. Turning to the soldiers, said “Thank you, sirs, for making sure she was safe until I got here. So kind of you.” The young stranger offered a flask of vodka to the soldiers, “For the cold”. They hesitated, then took the vodka and turned towards the car.

Sonja licked her bone-dry lips and tried to speak. The stranger kissed her again and tightened his embrace. “They’re watching”, he said with a beautiful smile. Sonja realized that she hadn’t felt this warm in a very long time and tightening her arms around his shoulders, she deepened the kiss.

SPECIAL TO THE TIMES

THE PANDEMIC USHERED IN ‘A NEW ERA OF MEDICINE’: THESE TELEHEALTH TRENDS ARE LIKELY HERE TO STAY

By Adrianna Rodriguez
USA TODAY 2021

The coronavirus pandemic has changed many aspects of the American health care system, but nothing changed quite as drastically as the rise of telemedicine. While virtual care existed before COVID-19, the practice boomed after state-mandated, stay-at-home orders and have since remained strong.

Prior to the pandemic, Blue Cross Blue Shield of Massachusetts received about 200 telehealth claims per day. That number reached up to 40,000 claims per day from April to May 2020, and the insurer is still receiving about 30,000 claims per day almost a year later, according to spokesperson Amy McHugh.

Athenahealth, a health tech company, released an interactive dashboard that delivered insights on telehealth trends from 18.4 million virtual appointments by 60,000 providers. “The pandemic has necessitated a new era in medicine in which telehealth appointments are a core aspect of the patient-provider relationship,” said Jessica Sweeney-Platt, the company's vice president of research and editorial strategy.

Here are some telemedicine trends the company and other health experts have found:

Mental health appointments dominate virtual care

Telemedicine had the biggest impact on mental health visits with approximately 33% of appointments

held virtually, according to athenahealth's dashboard data. McHugh said mental health appointments made up about 53% of the 7.5 million telehealth claims processed by Blue Cross Blue Shield of Massachusetts since March 2020.

“Telehealth lends itself to mental health fairly easily because you’re essentially just talking to somebody, so that you can do from pretty much anywhere,” said Dr. Georgia Gaveras, chief psychiatrist and co-founder of Talkiatry, a technology-driven psychiatric care provider.

Consequences of the COVID-19 pandemic – such as job insecurity or the loss of a loved one – have had a significant impact on Americans’ mental health with anxiety and depression becoming the most common issues, experts say.

A survey conducted by the Centers for Disease Control and Prevention in June 2020 found more than 40% of respondents reported an adverse mental or behavioral health condition, and 11% reported having seriously considered suicide in the 30 days prior. “The pandemic and telehealth have made seeking out mental health treatment a non-negotiable for a lot of people,” Gaveras said.

Apart from the growing need for mental health treatment, she said telehealth has also made it easier to

seek care for those who may have needed it before the pandemic. Many of her patients schedule appointments in the middle of the work or school day. The flexibility of telehealth has also led to a level of discretion, Gaveras said, as some patients don’t want to be seen entering a psychiatrist's office or leaving work for regular visits. “Telehealth is really getting people out there and seeking help for mental health more,” she said. “The more people seek out mental health treatment, the less stigmatized it is.”

Primary care also drives telehealth appointments

After mental health, primary care was the second largest percentage of telehealth appointments with 17% of primary care visits being held virtually, according to the athenahealth dashboard. “A lot of primary care is talking,” said Dr. Katherine Dallow, vice president of clinical programs and strategy at Blue Cross Blue Shield of Massachusetts. “It’s meeting them where they are, hearing their concerns.”

Most of the physical aspects of a primary care visit – such as measuring weight and blood pressure – can be done at home with inexpensive equipment. Other physical examinations only require a camera and can be easily diagnosed virtually. The top reasons for telehealth claims for primary care were general exams,

hypertension, lower back pain, asthma, abdominal or pelvic pain, and anxiety or insomnia, according to data from Blue Cross Blue Shield of Massachusetts.

Of the 7.5 million telehealth claims during the COVID-19 pandemic, 60% were virtual and 40% were by phone. Dallow said telehealth has also forced doctors to be more conservative about ordering lab work or imaging, leading to a decrease in unnecessary testing.

“When you have a telephonic visit, you’re going to think really long and hard as to whether a person must go to a location to get labs and radiology” instead of staying safe at home, she said.

Same-day appointments and shorter visits

Telehealth appointments are almost two times as likely to be scheduled for the same day compared to in-person visits, according to athenahealth data. They were also more likely to occur after-hours or on the weekends. The flexibility of telehealth has allowed doctors to organize their workday to cater to both in-person and virtual appointments, Dallow said. The means fewer people in the office at one time, Dallow added, creating more opportunities for social distancing.

Telehealth appointments are also more likely to be under 15 minutes long compared to in-person visits. While some patients may be concerned that

this decreases the quality of care, doctors argue it’s actually a sign of efficiency which can help increase the quality of care. “I probably spend somewhere between two to five minutes per patient moving from one room to another or pausing to document or checking something on their file or handing something off,” Dallow said. “There are built-in inefficiencies that isn’t time spending with the person... but some of those inefficiencies are taken care of by the fact that everything is electronic.”

Is telehealth here to stay?

It’s unlikely the U.S. will revert to its conservative use of telemedicine from before the coronavirus pandemic, health experts say. “A lot of people had wanted to bridge the gap between technology and provision of health care long before the pandemic,” Dallow said. “What happened with COVID, for better or worse, was the entire industry was freed up from all the regulatory issues that had been a barrier to people accessing virtual care.”

But will those barriers return after the pandemic? Sweeney-Platt from athenahealth said the biggest unanswered question in telehealth is the future of reimbursement status. “There’s a lot of conversation on the policy front and payer community about the temporary changes that were made to reimbursement policies during the COVID pandemic,” she said.

“Should they be made permanent? That’s the biggest area of uncertainty for providers in particular.”

Blue Cross Blue Shield of Massachusetts said it’ll continue to support and cover telehealth. However, insurance companies have less control over other barriers such as

increasing accessibility throughout the country and cracking down on fraud. “This is an industry issue,” Dallow said. “We all need to meet in the middle on how to make (telehealth) the safest, most efficient, most affordable and most accessible form of receiving health care when possible.”

WHY DO PEOPLE COPE WITH LIFE EVENTS SO DIFFERENTLY?

Overcoming obstacles in the past helps you better cope in the present.

From Healthline 2021

Last June, I lost my full-time job in a large-scale pandemic layoff. I was surprised I didn’t cry while getting the news over a video call. Instead, I had a fierce desire to “do something.”

Once I was off the phone and told my family, I disappeared upstairs to start figuring out my next step. Over the next few months, I took comfort in applying to jobs, writing cover letters, and doing freelance jobs — it made me feel like I was working toward something.

Three months later, my husband got the same kind of call. His reaction was different.

His anger, disappointment, and grief over the loss came immediately. He found it difficult to start strategizing about what to do next. Over the next

few months, he found it stressful to put together job applications or plan for the future when the present was already so uncertain.

Instead, he found comfort in cleaning and organizing our home.

During crises or stressful life events, it’s common for people to react in very different ways. This is true even if they’re experiencing something similar, like a pandemic. “We are living through a global trauma,” says Joyce Marter, licensed psychotherapist.

We hear about the number of cases and death rates on the news every day. How we experience and respond to pandemic life, though, depends a lot on how we cope with daily stress.

What happens when we experience stressful events?

“With any stressful event, different hormones are released,” explains Dr. Diana Samuel, psychiatrist at Columbia Doctors and assistant professor of psychiatry at Columbia University Irving Medical Center.

These stress hormones include adrenaline and cortisol. They can increase your heart rate, your blood pressure, and the glucose level in your bloodstream. This happens so that your muscles, heart, and other important organs have what they need to take action in an emergency.

“This is part of the fight-or-flight physiological response to stress,” explains Marter.

You usually can’t predict which response will come out. In the exact same crisis, some people may freeze, others may appear calm and collected, and others may even get combative.

“Some people respond to stress physically, with headaches, gastrointestinal symptoms, insomnia, etc.,” Marter says. “Some respond emotionally, with irritability, volatility, shutdowns, etc. And some respond cognitively, with difficulty making decisions, distractibility, or forgetfulness.”

This is why long-term stress can impact overall functioning, including productivity at work or your ability to manage relationships.

So, why do people react differently to stress?

There are several reasons that some people react to stress one way while others have a completely different response.

The biggest factor is your overall resilience

Resilience to stress isn’t something we’re born with. It builds up over time, says Dr. Caroline Vaile Wright, senior director of healthcare innovation at the American Psychological Association.

“For example, we know that older adults report lower stress responses compared to younger adults,” Wright says. “It’s not because younger adults are weak or incapable, it’s just that older adults have had more time to develop coping skills and resilience following their own adverse experiences up to that point.”

Overcoming obstacles in the past helps you better cope in the present. “We can grow from the challenges that we’ve encountered,” Wright says. “When we’re faced with a new one, we can look back and remind ourselves of how

we overcame those previous obstacles.”

Marter agrees. “The more challenges you have successfully managed, the more likely you will be able to remain calm and be proactive,” she says.

This is because past experiences give you a sense of self-efficacy. You feel equipped to handle new situations when they arise because of what you handled in the past.

Your community matters, too

People who have more support from friends, family, clergy, or community also tend to fare better, as do people with more resources. “Somebody who has access to basic needs, whether that’s healthcare, food, secure housing, or social support, is in a better place to deal with stressors than somebody who doesn’t have those things,” Wright says.

Our family life may affect our coping mechanisms, too. “Many of us learn our default roles or responses [from] our families, and we tend to recreate those in our adult lives,” Marter explains. “If you were the oldest sibling who was frequently left in charge, you may feel more comfortable jumping into action because that’s the role that’s familiar to you.”

Your ‘locus of control’ can have an impact

“A person with an internal locus of control believes that they can create positive action in their lives through right action,” explains Marter. This is the type of person who’s more likely to try to remedy a stressful situation by taking proactive steps.

Meanwhile, “a person with an external locus of control believes that external factors determine their course in life,” she continues. “This person may feel like a victim and have feelings of hopelessness that anything they could possibly do wouldn’t help or matter.” This type of person is more likely to feel overwhelmed by a stressful life event.

Your mental health before the crisis

“If somebody generally has positive mental health, they will be resilient and have the internal resources and coping skills to move forward,” says Marter. “If somebody else deals with an underlying mental health issue, like anxiety or depression, it might be triggered by an event,” she adds.

People who have a history of repeated trauma may not cope as well — especially if they haven’t fully healed from those traumas. This is also true for people with low self-esteem. “When we feel good about ourselves and trust in our ability to navigate

through challenging situations, we can respond with more resilience and strength,” says Marter. “If we [have] feelings of inadequacy or somehow not being enough, we may feel very overwhelmed and ill-equipped to manage hardships.”

Your personality plays a part

Some people are just better under pressure than others. “These are the people who become first responders, surgeons, and more,” says Marter.

“We all have different strengths and challenges.” That said, not all pilots or firefighters are born calm in the face of danger. A lot of it has to do with their training and how they take care of themselves.

So, what are some things you can do to improve your coping skills?

Start by taking care of yourself

It might sound simple, but sleeping enough, eating regularly, staying hydrated, and remembering to take breaks all go a very long way. “Taking care of your physical body can really make a huge difference in how you respond emotionally,” says Samuel. Mindfulness can also help you calm your body and help you keep your cool in a crisis, according to Marter.

You can try practices like:

- meditation

- deep breathing
- progressive muscle relaxation
- yoga

Focus on what you *can* control

For example, during the pandemic, we can control how much stressful news we take in. “If you know you’re somebody who has a really strong reaction to TV news and the pundits talking, maybe the better place to get your news is online or by setting yourself a block of time to catch up on the news,” Marter says.

Ask for help from your family or a professional

“As a therapist, I believe we have all experienced some level of trauma in our lives,” says Marter. “That’s why I believe we could all benefit from therapy or counseling to help us heal from past events and develop the self-care practices and support systems we need to persevere through challenges.”

This is especially important to remember right now as the pandemic rages on, Samuel adds. “It doesn’t mean that you’re not allowed to be anxious or depressed,” Samuel says. “If you’re experiencing something and you know it’s off your baseline, it’s worth talking with an expert that can help you.”

Remember to be there for others, too

And the best way to do that? Just listen. “One of the traps we tend to get

stuck in is trying to fix someone's problem or trying to fix them," says Wright. "It's really much more helpful to just listen, so they feel like they have someone to talk to."

Don't judge what they say either. "Validate them," she says, "even if you don't understand exactly what they're going through." While we may have similar feelings, it may look totally different from person to person.

"We all share the same set of emotions, so if they're telling you they're afraid, and you're not right now, think of a time when you were afraid too and remember how that felt," she continues.

This can help trigger empathy and understanding for the other person. Marter agrees. "It's important to have compassion... We need to have empathy for others and self-

compassion for our own mental health challenges. We need to steer away from judgmental thinking, like somebody responded 'better' or 'worse,' and recognize we are all human beings doing the best that we can. We all need help sometimes."

We're all different, but we're all the same

While we may cope differently than even our closest loved ones, we all feel the same broad spectrum of human emotion. We're all capable of the empathy it takes to support someone through their own highly unique process, and we deserve the same for ourselves. Whatever way you cope, know that your strategies are just as valid as someone else's. The same goes for them. This can help maintain harmony when loved ones cope differently than you do.

BEWARE LATEST SOCIAL SECURITY SCAM

From USA Today March 2021

So, you just got a text from Social Security and the guy even tried to reassure you that he's the real deal by texting you a picture of his badge. Should you feel that things are on the up-and-up and respond?

The scammers who are out to steal your Social Security number and your money now have a new game going. They're not just spoofing phone numbers out of Washington. They're now impersonating someone from

Social Security by sending photos of government badges.

The crooks have created fake versions of ID badges that many federal employees use to gain access to federal buildings.

"The scammers play on emotion, generally fear, to get people to act without thinking," Social Security Administration Commissioner Andrew Saul said in a press call Wednesday.

He stressed that it's essential that people simply hang up and not even engage with the caller. Don't let anyone threaten you or harass you into thinking that somehow your Social Security number is connected to a criminal investigation.

Social Security isn't going to call to threaten your benefits or tell you to wire money, send cash, or put money on gift cards. But scammers make such threatening calls do every hour on the hour.

CVS shoppers might have even heard in-store announcements lately from the Social Security Administration to warn them about such scams. Walmart and Home Depot participated in the latest awareness campaign, too. You don't want to buy a gift card — and then read off the card numbers to someone on the phone who claims to be from law enforcement or Social Security.

In some cases, your caller ID may show the real SSA phone number — 800-772-1213 — when the scammers call. But again, the con artists are able to spoof this number and make it look more legitimate.

Consumers continue to get alarming phone calls from someone who claims to be from law enforcement or Social Security. The caller then may try to scare you into thinking that your Social Security number has been connected to running drugs and money laundering across the border.

The crooks use a variety of tactics to seem legitimate, including rattling off a “badge number” of law enforcement officers, sending email attachments containing personal information about an “investigation” and texting links to click on and “learn more” about a Social Security-related problem.

The Federal Trade Commission advises:

—Do not trust caller ID. Scam calls may show up on caller ID as the Social Security Administration and look like the agency's real number, but it's not the SSA calling.

—Your Social Security number is not about to be suspended. And your bank accounts are not about to be seized.

—Don't verify your Social Security number or any other personal information to anyone who calls out of

the blue. If you already did, visit **IdentityTheft.gov/SSA** to find out what steps to take now.

—If you believe you or someone you know is a victim of elder fraud, file a complaint with the Federal Trade Commission online at **www.ftccomplaintassistant.gov** or call 877-382-4357.

In 2020, the Social Security Administration received more than 730,000 scam complaints — with victim losses hitting more than \$59 million.

Only about 1.5% of the people who reported a scam to Social Security alleged they had lost money. The average loss for those who did claim to lose cash was \$6,100.

The Office of the Inspector General for the Social Security Administration notes: "If you ever owe money to Social Security, the agency will mail you a letter with payment options and appeal rights. Social Security does not suspend Social Security numbers or demand secrecy from you in resolving a problem— ever."

Successful scammers can steal hundreds of thousands of dollars.

One criminal out of suburban Chicago ran a telemarketing scheme where callers falsely claiming to be from the Social Security Administration and U.S. Department of Justice called people to say that their identity had been stolen.

To get out of the mess, somehow the ID victim was to transfer money to various bank accounts, which later supposedly would be paid back once the situation was resolved.

An elderly woman from Massachusetts ended up transferring a total of more than \$900,000 from her bank and retirement accounts to scammers. Hirenkumar P. Chaudhari, 27, of Des Plaines, Ill., pleaded guilty on Jan. 6 to one count of money laundering, according to the U.S. Attorney's Office of the Northern Illinois District. Chaudhari allegedly used a phony Indian passport and false names to open those bank accounts.

Many times, victims can be scared into taking one call after another from these scammers.

"They get kept on the phone for hours, if not days, at a time," said Gail S. Ennis., Inspector General for the Social Security Administration.

The same set of scammers may even pretend to be from different agencies and make a string of calls to the same victim.

While some victims are elderly, Ennis said, the scammers are reaching out to all age groups when they're impersonating the Social Security Administration. "They're not targeting," she said. "They are merely robo-dialing."

An older person might lose more money to these scams simply because they've built up a lifetime of savings.

"A 20-year-old is not going to have a 401(k) that has \$900,000 in it," Ennis said.

10 REASONS YOU'RE NOT LOSING WEIGHT

BY JULIA MALACOFF MYFITNESSPAL 2019

Anyone working on losing weight and creating healthy habits can tell you it takes time, dedication and patience. It also takes knowledge about what does and doesn't work for you individually, which is often discovered through a process of trial and error.

However, registered dietitians often see their clients making some of the same mistakes when it comes to shedding pounds healthfully. Here, they share 10 common ones to avoid:

CHOOSING JUICED OR DRIED FRUITS OVER FRESH

Many people find it easier to create a calorie deficit when they ensure their meals contain plenty of lean protein, fiber and water, says Summer Yule, RD. "Though both fruit juice and dried fruits contain some of the antioxidants you'd find in whole fruits, the former doesn't contain as much fiber and the latter has less water content. Thus, you get the

most filling volume for the calories with whole fruits." For example, per cup, whole grapes have roughly 100 calories while grape juice has 160 and raisins clock in around 500. "When it comes to fruit, always opt for fresh (or frozen)," says Yule.

ONLY TRACKING CALORIES

"Calories alone do not indicate good health or nutrition," explains Jane Pelcher, RD. Checking out your other nutritional data with an app like MyFitnessPal can actually make your weight-loss journey easier. For example, "aim to slowly increase your fiber intake to 25 grams for women or 38 grams for men per day." Aside from playing a role in satiety, fiber-rich foods like fruits, vegetables, whole grains, nuts and seeds are beneficial for gut health, reduce risk of heart disease and provide essential vitamins and minerals your body needs, says Pelcher.

COPYING THE WEIGHT-LOSS STRATEGY OF A CELEBRITY OR FRIEND

It can be tempting to try certain fad diets simply because you know someone else had success with them, but that doesn't mean they'll be a good fit for you as an individual. "We each have different food preferences, activity levels, energy needs and medical conditions, meaning there's no one generic weight-loss strategy that will be an optimal fit for everyone," says Yule. "If you need help developing a personalized nutrition plan that is supportive for weight loss, consider checking in with a registered dietitian who can help you meet your goals in a way that aligns with your life."

GIVING UP MEAT TO LOSE WEIGHT

Somewhere along the way, people started to think vegans and vegetarians were healthier and thinner. While this may be true in some cases, it's not a great weight-loss strategy on its own. "Meat gives us the protein we need to build muscles and burn fat," explains Jessica Swift, RD. "When meat is cut out of the diet, it is usually replaced with high-starch foods that will not help you build muscle. I recommend a well-rounded protein intake with lean meats, seafood and plant-based proteins such

as beans, legumes, low-sodium soy products and whole grains."

GOING TOO BIG OUT OF THE GATE

"If someone is currently sedentary and makes a goal of working out seven days a week, it's unlikely to be successful," notes Laurel Jakubowski, RD. Simply put, it's important to set yourself up for success by taking small, achievable steps. "Start with one or two days a week and work up from there," she suggests. "Similarly, people may decide they are never going to eat junk food again or never drink soda again, which is also unrealistic." Instead, consider reducing your soda intake from a few times a week to once a week or occasionally swapping a calorie-dense dessert for fruit.

FORGETTING ABOUT WATER

"Some of my clients get so caught up in eating healthy foods that water becomes a side note," says Taylor Stolt, RD, consulting dietitian at Plate and Canvas. But there are some major benefits to making sure you get enough H₂O: "Staying hydrated reduces hunger, increases the number of calories you burn and improves your body's ability to burn body fat for energy." If you're not sure how much to drink, "a good place to start is half

your body weight in ounces,” Stolt advises. “Tea and bone broth count toward fluid intake, too.”

CUTTING OUT ALL CARBS

Swift is all for reducing simple or refined carbohydrates like baked goods, candy and white breads. “But these are not to be confused with complex carbohydrates such as quinoa and whole-wheat products,” she emphasizes. “When it comes to energy, your body prefers to break down carbohydrates. Complex carbohydrates also offer fiber, protein and other nutrients that stabilize your blood sugar during this ‘breaking down’ process.”

Plus, it’s pretty hard to cut out *all* carbs and maintain a healthy diet since carbs are also found in several main food groups including vegetables, fruit and dairy. Cutting them out “makes for an insufficient diet that is not sustainable.”

NOT COUNTING BITES, LICKS AND TASTES

“It is easy for calories to creep up without noticing when you are mindlessly munching on food throughout the day,” says Andres E. Ayesta, RD, certified strength and conditioning specialist and founder of Vive Nutrition.

“This tends to happen when you are cooking or when there are treats and easy-to-grab snacks around you all the time.” That’s why a food journal can help keep you accountable. Ayesta also recommends planning your meals and snacks ahead of time.

JUDGING CALORIES BASED OFF AN ACTIVITY TRACKER

Overall, most RDs don’t recommend using your activity tracker as a guide for determining your calorie needs. “Fitness trackers are often inaccurate, and people tend to overestimate how many calories they’ve burned and underestimate how many calories they eat,” says Jakubowski. “This may lead people to think they’ve ‘earned’ that big piece of chocolate cake at 600 calories when their workout only burned 400. That 200-calorie excess can build up quickly and lead to weight gain.” Instead, she recommends tapping into your satiety levels and keeping track of your weight to find a calorie amount that works for your activity level.

HAVING CHEAT DAYS

“A balanced diet needs to incorporate your favorite foods,” says Pelcher. “Regularly eliminating them results in cravings and overindulgent cheat days that may counter your weight-loss goals.”

Instead, use an 80/20 guide where 80% of your intake consists of your favorite whole grains, high-quality

proteins, fruits, vegetables, nuts and seeds and 20% is for the cookie or side of fries you've been craving."

10 SIMPLE WAYS TO FIND HAPPINESS

Happiness and emotional fulfillment are within your grasp.

From Psychology Today 2012

We all want to feel happy, and each of us has different ways of getting there. Here are 10 steps you can take to increase your joie de vivre and bring more happiness into your life:

1. Be with others who make you smile. Studies show that we are happiest when we are around those who are also happy. Stick with those who are joyful and let rub off on you.
2. Hold on to your values. What you find true, what you know is fair, and what you believe in are all values. Over time, the more you honor them, the better you will feel about yourself and those you love.
3. Accept the good. Look at your life and take stock of what's working, and don't push away something just because it isn't perfect. When good things happen, even the very little ones, let them in.
4. Imagine the best. Don't be afraid to look at what you really want and see yourself getting it. Many people avoid this process because they don't want to be disappointed if things don't work out. The truth is that imagining getting what you want is a big part of achieving it.
5. Do things you love. Maybe you can't skydive every day or take vacations every season, but as long as you get to do the things you love every once in a while, you will find greater happiness.
6. Find purpose. Those who believe they are contributing to the well-being of humanity tend to feel better about their lives. Most people want to be part of something greater than they are, simply because it's fulfilling.
7. Listen to your heart. You are the only one who knows what fills you up. Your family and friends may think you'd be great at something that really doesn't float your boat. It can be complicated following your bliss. Just be smart, and keep your day job for the time being.
8. Push yourself, not others. It's easy to feel that someone else is responsible for your fulfillment, but the reality is

that it is really your charge. Once you realize that, you have the power to get where you want to go. Stop blaming others or the world, and you'll find your answers much sooner.

9. Be open to change. Even if it doesn't feel good, change is the one thing you can count on. Change will happen, so make contingency plans and emotionally shore yourself up for the experience.

10. Bask in the simple pleasures. Those who love you, treasured memories, silly jokes, warm days, and starry nights—these are the ties that bind and the gifts that keep on giving.

Happiness and fulfillment are within your grasp, but sometimes just out of reach. Understanding what works best for you is the first step in finding them more often.

HEART HEALTH SUPERFOODS

Add these to your grocery list to lower blood pressure, fight inflammation and slash stroke risk

by **AARP** 2021

When it comes to heart health, you probably know what the American Heart Association (AHA) offers as its top diet advice: Eat a good balance of fresh, fiber-rich fruits and veggies; whole grains; and healthy proteins, such as nuts, skinless fish and poultry. But recent studies have also named specific cardiovascular all-stars that are worth adding to your rotation. Here are a few standouts to add to your grocery list.

Beets

Why: Beets deserve a badge of honor in the veggie family, says Jorge A. Brenes-Salazar, M.D., a geriatric cardiologist and assistant professor of

medicine at the Mayo Clinic. That's due to their high doses of nitrates, which help keep blood vessels dilated and healthy. A 2013 British study showed that simply drinking a cup of beet juice daily significantly lowered blood pressure in hypertensive patients.

Also know: When it comes to heart health, it pays to see red — or orange or yellow. “Fruits and veggies with those colors have carotenoids and flavonoids,” pigments known for their heart-healthy antioxidant properties, Brenes-Salazar explains. Try these other blushing nutrient-rich veggies and fruits: carrots, sweet potatoes,

acorn squash, oranges, cantaloupe and papaya.

Pumpkin seeds and walnuts

Why: A study presented in 2019 at the AHA's Hypertension Scientific Sessions found that eating pumpkin seeds may help lower blood pressure. According to the AHA, pumpkin seeds are rich in fiber and a variety of nutrients, particularly heart-healthy magnesium (a quarter cup contains 42 percent of the RDA of the mineral). As for walnuts, a 2019 Penn State study found that participants who ate walnuts daily while lowering overall saturated fats saw their blood pressure decrease.

Also know: “Any nuts are good sources of monounsaturated fats,” says Kate Patton, lead outpatient dietitian at the Cleveland Clinic. “For people who don't eat fish, they are a good way to get in those omega-3 fats.” A 2019 study presented at the European Society of Cardiology showed that eating nuts two or more times a week was associated with a 17 percent lower risk of cardiovascular mortality. But remember one word: moderation. These are calorie-dense foods, so keep portions modest and avoid added salt, sugars and oils. Penny Kris-Etherton, distinguished professor of nutrition at Pennsylvania State University, advises limiting yourself each day to “an amount that will fit in the palm of your hand.”

Tofu

Why: Researchers at Harvard Medical School and Brigham and Women's Hospital reported in 2020 that a study of more than 200,000 people found a link between consuming isoflavone-rich tofu more than once a week and an 18 percent lower risk of heart disease. Beyond that, tofu is a great source of plant protein, so it's a smart substitute for red meat or pork. “It also has phytosterols — plant cholesterol that actually improve the cholesterol in our own bodies,” Brenes-Salazar says.

What's more, the latest USDA dietary guidelines, issued in December, recommend around 5 to 6 ounces of protein (from meat, chicken, eggs, fish, nuts or soy products) a day, Kris-Etherton says. “When people are heavy meat eaters, they need to slowly find ways to replace the meat with other healthy foods, and tofu is one.”

Olives and olive oils

Why: If you've heard of the Mediterranean diet (and who hasn't?), then you know all about olive oil. It not only boosts good, heart-protective cholesterol but also staves off diabetes and strokes. Recent research confirms its salubrious effects: A 2020 European study found that patients who had had heart attacks and subsequently followed a Mediterranean diet high in olive oil had better repair of the arterial linings; a 2020 study by the University of

Minnesota Medical School showed that olive oil may help people live longer.

Try to follow the USDA guidelines of 27 grams (about two tablespoons) a day. “Remember,” Kris-Etherton says, “olive oil is calorically dense.” As for olives, make sure to buy the low-sodium variety, available at many big-box stores. Speaking of oils, Brenes-Salazar warns against the recently vogueish coconut oil; instead, he suggests using either olive or pecan oil, which is neutral in flavor, rich in monounsaturated fats and low in saturated ones.

Garbanzo beans

Why: First, they're full of fiber, which can help lower your bad LDL cholesterol. Second, “beans are an underappreciated source of good-quality protein,” Brenes-Salazar notes. Adds Patton: “All members of the legume family are super healthy because they are full of plant-based protein and the kind of fiber that lowers cholesterol and helps to stabilize your blood sugar levels.”

Also try: other heart-healthy legumes — pinto beans, red beans, kidney beans and black beans. But remember, canned beans can be high in salt, so either rinse them thoroughly in water or use dried beans.

Oatmeal

Why: Touted for its healthy properties for a half-century, fiber-rich oatmeal cuts down on cholesterol absorption and contributes to gut health. “Oatmeal is a good source of healthy fiber, healthy fats and protein,” Patton explains. “Soluble fiber is really important for our digestive tract and keeping blood sugar levels stable.”

Also try: quinoa, whole-grain rices (brown, black and wild), or whole-grain bread and cereal. “Look at the nutrition label and make sure ‘whole-grain’ is the first ingredient,” Kris-Etherton says.

Salmon

Why: The AHA recently reaffirmed its long-standing recommendation to eat fish — especially salmon and other oily fishes high in omega-3 fatty acids — twice a week to help stave off the risk of heart failure, stroke and other coronary disease. It may not be just the omega-3s that are good for you; a 2018 study found that an ingredient in fish and other seafood called trimethylamine N-oxide (TMAO) may also reduce hypertension-related symptoms.

Also try: The AHA recommends lake trout, herring, albacore tuna, sardines and mackerel.

Blueberries

Why: They're high in soluble fiber and polyphenols (those antioxidants that absorb free radicals) and vitamin C.

Also try: All berries — strawberries, raspberries, blackberries — have heart-healthy credentials for their fiber as well as their flavonoids and antioxidants. Hate berries? Consider red grapes, which are high in resveratrol, a heart-healthy antioxidant.

Broccoli and brussels sprouts

Why: Though most veggies are great for cardiovascular health, broccoli and brussels sprouts are ace players. A 2020 Australian study found that these and other cruciferous vegetables, including cabbage, are linked to a decline in blood vessel disease.

They're high in disease-fighting flavonoids and carotenoids as well as cholesterol-lowering fiber. Plus, like all veggies, their low caloric density means you can eat a lot without tipping the calorie scale. “You want to aim for

such foods as part of a balanced diet because they're going to help with satiety,” Brenes-Salazar says.

Also try: spinach, kale, baby greens, Swiss chard and collard greens. “The consensus is that three servings a day of dark-green leafy vegetables will reduce your total risk of cardiovascular disease or diabetes,” Patton says.

Chili peppers

Why: These hot little guys are high in a substance called capsaicin. It's what sets your mouth on fire — but it also has anti-inflammatory, antioxidant and blood-glucose-regulating effects.

That's good news for your heart: A 2020 study of 570,000 people found that those who ate chili peppers had a whopping 26 percent lower relative risk of cardiovascular mortality than those who rarely or never ate the peppers.

What's more, though not nearly as rich in capsaicin as the super-hot variety, sweet green and red peppers are also a good source of the mighty C.

BRAIN VITAMINS: CAN VITAMINS BOOST YOUR MEMORY?

Can a tablet really boost your memory?

From Healthline 2019

Whether you suffer from Alzheimer's disease or you simply have memory problems, certain vitamins and fatty acids have been said to slow or prevent memory loss. The long list of potential solutions includes vitamins like vitamin B-12, herbal supplements such as ginkgo biloba, and omega-3 fatty acids. But can a tablet really boost your memory?

Much of the evidence for the popular "cures" isn't very strong. Here, we discuss what recent clinical studies have to say about vitamins and memory loss.

Vitamin B-12

Scientists have long been researching the relationship between low levels of B-12 (cobalamin) and memory loss. According to a Mayo Clinic expert, having enough B-12 in your diet can improve memory. However, if you get an adequate amount of B-12, there is no evidence that higher intake has positive effects. Promising research does show that B-12 can slow cognitive decline in people with early

Alzheimer's when taken together with omega-3 fatty acids.

B-12 deficiency is most common in people with bowel or stomach issues, or strict vegetarians. The diabetes drug metformin has also been shown to lower B-12 levels.

You should be able to get enough B-12 naturally, as it's found in foods such as fish and poultry. Fortified breakfast cereal is a good option for vegetarians.

Vitamin E

There is some evidence to suggest that vitamin E can benefit the mind and memory in older people. A 2014 study Trusted Source in JAMA: The Journal of the American Medical Association found that high amounts of vitamin E can help people with mild to moderate Alzheimer's disease. Participants took doses of 2,000 international units (IU) a day. However, this amount is unsafe, according to Dr. Gad Marshall of Harvard Medical School. Taking more than 1,000 IU a day is especially risky for people with cardiovascular disease, especially for those on blood thinners.

It also increases the risk of prostate cancer.

Regardless of your age or condition, you should be able to get enough vitamin E from your food. Ask your doctor if you're interested in additional amounts. Vitamin E deficiency is rare, although it may occur in people on low-fat diets.

The vitamin is found in:

- nuts
- seeds
- dark-colored fruits, such as blueberries, avocados, and blackberries
- vegetables, such as spinach and bell peppers

Other potential cures

When it comes to ginkgo biloba, both older and more recent studies Trusted Source concur: The supplement doesn't seem to slow memory loss or prevent the risk of Alzheimer's disease.

There isn't much evidence to suggest a relationship between omega-3 and memory, either. However, research is currently in progress. One recent study published in the journal *Alzheimer's & Dementia* showed that fish oil can improve non-Alzheimer's-related brain processing. Study results showed that people who took fish oil supplements had less brain atrophy than those who didn't.

Another study Trusted Source involving healthy adults between the ages of 18 and 45 years showed that taking 1.16 grams a day of docosahexaenoic acid (DHA) helped speed up reaction time in short-term memory. However, while reaction time improved, memory itself didn't.

DHA is one main type of omega-3 fatty acid, and EPA (eicosapentaenoic acid) is another. You can find them naturally in organ meats and fish such as salmon.

Best ways to help your memory

For young and older people alike, it's valuable to get your dietary vitamins from the food you eat. Supplements can fill in the gaps, but check with your doctor before you go over the recommended daily intake.

No matter your age, the best way to combat memory decline is to eat well and exercise your body as well as your brain, advises Marshall. He highly recommends the Mediterranean diet as a good source of all the vitamins your body needs.

The Mediterranean diet has been cited Trusted Source as a way to improve memory.

The hallmarks of the diet include:

- mostly plant-based foods
- limiting (or completely cutting out) red meat
- eating fish

- using liberal amounts of olive oil to prepare meals

Diets that are similar to the Mediterranean diet include the MIND diet as well as the DASH (dietary approaches to stop hypertension) diet. Both diets Trusted Source have been found to reduce occurrence of Alzheimer's disease.

The MIND diet, in particular, emphasizes consumption of green, leafy vegetables and plant-based food in addition to the high protein and olive oil recommendations of the Mediterranean diet.

Having a strong support network and being engaged in your local community have been suggested as ways to delay or prevent dementia. Establishing healthy sleep habits can also protect your brain. Studies Trusted Source continue to prove that

routine physical exercise activates the brain in ways that other hobbies don't. This can lead to improved memory and cognitive function over the long term.

Lifestyle choices that harm memory

You can begin to take care of your brain by simply being more mindful of foods and habits that have been shown to damage it. Fried food has been linked to cardiovascular system damage Trusted Source, which affects the efficiency of the brain. Fried food also leads to high cholesterol levels, and research has connected dementia to high cholesterol.

Many Alzheimer's risk factors, such as obesity and a sedentary lifestyle, are in your control. Even changing one of these risk factors has been shown to Trusted Source delay the onset of dementia.

SOME REFLECTIONS ON AGING

Getting older doesn't have to be all about struggling to try to stay young or dreading the future. Many seniors find that having a sense of humor, and even laughing at themselves is a type of therapy of sorts. In fact, some older adults feel that physical aging is proof

that they have traveled a long way and overcome many obstacles to get where they are. It's true that most of us can say, there were hardships along the way; but, instead of complaining, why not find some enjoyment in it all—by laughing?

Senior Writer Doesn't Care About Forgetting Words:

The first thing many of us notice when we get older is that our memory starts to falter. One senior, who still worked as a professional writer was said to comment that it didn't really matter if he could remember words in daily life, because he was paid to think of words. If no one was offering up a stipend, he'd say whatever came to mind in his everyday conversations.

Lesson: it's not that older people can't think of the right words, they just have more important things to focus on, like serenity.

Elderly Farmer Thinks on His Toes:

A retired farmer living in Florida was said to visit his fruit orchard one evening. Adjacent to the fruit trees was a pond, which was perfect for swimming on a hot Florida night. As the farmer got closer to the pond, he noticed women's voices, laughing and shouting. When he arrived to pick the fruit, he saw that the women were skinny dipping. They all quickly swam to the deep end of the pond and told the elderly farmer that they were not coming out until he left. The farmer thought for a moment, and then he replied, "That's okay, I'll be out of here shortly, I just came down to feed the alligator!"

Lesson: Older men can still think fast.

Elderly Woman Uses Humor in Planning Her Funeral

An elderly woman decided to become proactive in planning her own funeral. She approached the minister of her church and told him that she only had 2 final requests. The minister asked inquisitively, "What are your wishes?" The woman replied that, first, she wanted to be cremated, and second, she wanted to have her ashes spread over the local Wal-Mart store. "Why is that?" asked the minister. The woman replied, "because that's the only way I'll be sure that my kids visit me twice every week, after I'm deceased!"

Woman Who Lived Past 100 Has a Sense of Humor

On her 104th birthday, a woman was interviewed by a reporter from her local town's newspaper. When asked what she thought was the best thing about living to 104, she replied, "No peer pressure." Lesson: Humor can help a person live past 100 well!

Conclusion

Contrary to the common beliefs of many younger people, life is not a race to look and act our best. It's more of a journey to discover who we really are, and what a relief it is to know that we aren't our physical appearance, our clothes, the numbers in our bank accounts, or the many other benchmarks set by our society. Being able to sit back, relax and laugh at ourselves, may just be one of the biggest gifts of aging!

NAVIGATING THE HEALTHCARE MAZE

Most people - whether as patients, family caregivers, or health professionals - do not have a good idea of what medical insurance (assuming the patient has some) will pay for until the need arises. Family members and patients are often shocked to find that insurance will not pay for many services and items needed at home that are routinely paid for in the hospital. Unless your relative has specific long-term care insurance (and very few people do at this point), many home care needs, especially home care aides or attendants, will not be covered at all or beyond an initial short-term period.

Know What Your Insurance or Managed Care Company Is Responsible for Covering

- If your loved one has been hospitalized, insist on being consulted by the discharge planner about the care plan before decisions are made. Explore all the options, not just the one the discharge planner recommends.
- Find out what your insurance company will approve for your loved one's care, why, and for how long.
- Try to get one person from the insurance or managed care company (a case manager)

assigned to your loved one's case and make sure that person fully understands the patient's condition so that the correct home care services and equipment are provided.

- Look out for inconsistencies or vaguely described benefits. Do not let your insurance company deny coverage for something that has been covered in the past or that you believe should be covered.
- Keep detailed records of phone conversations and personal contacts about the case. Write down whom you spoke to, what they said, and when they said it. Insurance coverage decisions are often flexible. You may need to document interpretations you have been given by different people.
- If there is a home care nurse or aide assigned by an agency, make sure that person is experienced with your loved one's care and can handle the physical, behavioral, and technical aspects.
- Make sure you have been assigned the correct level of home care assistance. Registered nurses, practical nurses, and home health aides or

personal care workers have different skills and limitations. There are also different types of agencies, only some of which are Medicare - Medicaid certified.

Identify and Use All Available Resources

- Get to know your local pharmacist, who is an excellent and readily available resource.
- Familiarize yourself with print and Internet resources. Both books and Web sites provide excellent resources and can put you in touch with other people and community agencies that can help. There is a vast amount of information on the Internet, so be selective and use credible sources.
- Discuss your options with people outside of your network who have experienced your situation.
- Have friends and family help with some of your managerial chores - sorting out bills, reviewing insurance policies, etc. Do not let bills pile up.

Be Assertive About Your Rights

- You can say no if hospital discharge planners want to send your loved one home and you feel you are not prepared to provide the necessary care at

home. Be flexible but firm as you negotiate a feasible plan.

- Request an aide or home care nurse to come to the hospital and help you bring your loved one home, including riding in the ambulance, setting up the bed and other medical equipment.
- Make sure your loved one has the proper transportation to and from outpatient visits.
- Ask for a re-evaluation of the situation at a specified time (a few weeks or months).

Recognize How the System Can Work Against You

- Administering the best possible care (i.e., changing dressings daily, using the most appropriate medications and providing other necessities) may be very costly. Such care may not be covered by your insurance policy. You will almost certainly have out-of-pocket expenses for things that are not considered "medically necessary."
- Instead of providing greater coverage, having two insurance policies could actually mean less coverage. Each plays against the other -- delaying or actually curtailing benefits. Make sure you have a clear agreement as to which payer is "primary."

- A spouse is legally responsible for the partner's bills and his/her income is included in determining Medicaid eligibility. Unmarried couples

are considered as single individuals, making it easier to get Medicaid benefits, which may include home care.

INFLAMMATION BASICS AND THE ROLE OF DIET AND EXERCISE

BY JULIA MALACOFF MYFITNESSPAL 2020

You've probably heard of inflammation before. But could you describe what it is to someone else? "Inflammation is a biological response that involves a series of signaling pathways at the cellular level, designed to protect the body from harm," explains Dr. Kate Huether, The ReKovery MD.

"In other words, when the body is exposed to certain triggers, it reacts by sending signals to remove any harmful substances and heal damaged tissues," Huether says. But while inflammation can protect us from harmful substances and outside invaders, it can also do damage of its own. Here's what every health-conscious person needs to know.

WHAT'S "GOOD" INFLAMMATION?

There are two types of inflammation: acute and chronic. It might sound

strange, but there are some cases when inflammation is a positive rather than a negative.

"Acute inflammation is actually a good thing, as it is one of the first defense mechanisms our bodies use to defend us from say, a bee sting or a cut," explains Monica Ruiz-Noriega, PhD. Symptoms of acute inflammation can include swelling, redness and pain. Having appendicitis is also an example of acute inflammation.

You want this type of inflammation to happen because it signals something is wrong and enables us to heal. "This type of inflammation usually lasts only a few hours or days and is usually localized to a specific region in the body," Ruiz-Noriega adds.

WHAT'S "BAD" INFLAMMATION?

Unlike acute inflammation, chronic inflammation is abnormal and does not benefit the body, Ruiz-Noriega says.

This is inflammation that doesn't go away after a short period of time. You may already know chronic inflammation is associated with autoimmune diseases, but conditions like asthma, sinusitis and chronic ulcers are also examples of health issues stemming from chronic inflammation. "Chronic inflammation means that the immune system is working overtime and it may not know when to stop," Ruiz-Noriega explains.

For this reason, chronic inflammation is important to address. "Chronic inflammation can eventually lead to an attack on healthy tissues and organs, which in turn may lead to diseases such as rheumatoid arthritis, cancer, heart disease, Crohn's disease and diabetes," explains Gal Shua-Haim, a registered dietitian with Daily Harvest.

Chronic inflammation can be limited to a specific part of the body, such as your mouth if your gums are not in great shape. "But chronic inflammation can also affect your whole body, Ruiz-Noriega says.

This can happen for any number of reasons, some of which we don't have control over. But lifestyle does contribute to chronic inflammation, so it's helpful to focus on what you can control over what you can't.

THE INFLAMMATION AND DIET CONNECTION

Nutrition is one of the strongest tools we have to fight inflammation, but it can also be a major cause of inflammation, depending on your diet. "Some foods can be pro-inflammatory, such as refined carbohydrates, alcohol, sugar, saturated and trans fats and other processed foods," Huether says.

These foods cause us to produce higher amounts of oxidants, or reactive molecules that are produced inside our bodies as a normal part of our metabolism, Ruiz-Noriega explains. These molecules also trigger inflammation. "Normally the body would be able to handle the amount of oxidants and neutralize them." But when we overeat certain foods, our bodies don't have enough resources to quench the oxidative load. When that happens, oxidants trigger our bodies to protect themselves with an inflammatory response.

Luckily, there are a lot of foods you can eat to help stave off inflammation. "Nature has provided us with many foods with amazing antioxidant capabilities," Ruiz-Noriega points out. "These foods are also packed

with essential vitamins and minerals that boost our immune system and help us control the inflammatory process.”

Leafy vegetables, fatty fish, nuts, olive oil and fruits such as berries are known to be anti-inflammatory, Huether says. For her part, Ruiz-Noriega cites bright-colored fruits and vegetables, avocados, nuts and seeds, and beans and legumes (if well-tolerated) as anti-inflammatory foods to focus on.

Gut health may also play a role in warding off chronic inflammation. “The cause of chronic inflammation may be different for everyone, but optimizing gut health is an important foundational step to healing,” says Liz Wyosnick, a registered dietitian and owner of Equilibrium.

We know the gut and immune system are connected, though the specifics are still being investigated. Still, nutrition experts believe the more optimal your digestion, the better you are able to absorb key micronutrients and eliminate toxins, which means your immune system will be that much better-equipped to activate the “off switch” of an inflammatory process, Wyosnick explains. “This means adopting a diet that doesn’t bog down or stress out the digestive system the way a high-sugar, high-fat and highly processed diet is likely to.”

THE INFLAMMATION AND EXERCISE CONNECTION

When we exercise, we may create acute inflammation in our muscle tissue — especially after a really tough workout. “When the muscle gets ‘damaged’ the body will try to repair it by increasing circulation to the area,” Ruiz-Noriega explains. “More blood is diverted to that area, which means that more nutrients needed for growth and repair will be delivered to that particular area in the body.” This results in muscle repair and growth.

More good news: Your exercise habit is likely helping you minimize chronic inflammation. “In general, regular cardiovascular exercise reduces overall inflammation,” Huether says. The only exception is if you’re overtraining, which means your muscles don’t have enough time to recover between workouts, resulting in a constantly inflamed state.

THREE WAYS TO MINIMIZE CHRONIC INFLAMMATION

The symptoms of chronic inflammation can vary from person to person and can also be relatively vague. They can include fatigue, GI complications (constipation, bloating or diarrhea), weight gain and/or joint pain, according Shua-Haim. If you

have concerns about chronic inflammation, you should speak with your doctor. Still, there are some steps everyone can take to fight chronic inflammation through lifestyle.

1. REDUCE INFLAMMATORY FOODS

Ruiz-Noriega recommends reducing restaurant foods, fast foods and junk food to minimize inflammation. She also emphasizes that it's important to stop eating foods you know you're sensitive to.

"Every time you eat something that does not agree with you, it will trigger the inflammatory response," she says. Reducing alcohol consumption is also a good idea, she adds.

2. TAKE REST DAYS FROM EXERCISE

"Chronic over-exercisers and endurance athletes that don't take rest days can cause chronic inflammation in their bodies over time," says Nina

Geromel, DPT. "They are constantly sending their bodies into the inflammatory state through exercise, but not allowing the process to finish before they go and exercise again." So yes, you really do need rest days.

3. REDUCE STRESS

"When we are constantly stressed, we are in flight-or-fight mode constantly, which, when sustained long-term, leads to inflammation," Ruiz-Noriega says. "In contrast, when we engage in activities such as meditation, breathing and relaxation, the parasympathetic branch of the nervous system is activated. This leads to repair, growth and restoration — a general 'anti-inflammatory' state." If someone tells you "Medicare (or another insurance) won't pay for it," don't stop there. Check it out yourself through your State Health Insurance Assistance Program, the Medicare Rights Center at (212) 869-3850 or online at www.medicarerights.org, or through another independent source.

PASSING ON YOUR FAMILY HISTORY TO YOUR GRANDKIDS

BY DAVE PRICE SIXTY AND ME 2015

Of all the gifts that grandparents can give their grandchildren, few are grander than a sense of where they fit in to the history of their family.

Why do I say that?

Well, who is better positioned than grandparents to be the family griots, a term for those great African

storytellers, whose job it is to be a repository of tribal history, traditions, and culture and pass them on to future generations?

But this family storytelling idea is more than just a wonderful bonding custom; it has a proven basis in scientific fact.

Researchers at Emory University in Atlanta, Georgia have found that children who know a lot about their families have higher self-esteem than those who only know a little. In addition, those children aware of family history are more likely to feel in control of their own lives.

Passing on Your Family History Personally

Now, while my wife and I both knew the importance of family history when we got married 43 years ago, we were really just too busy getting through the day to come up with an organized plan to pass that information on to our only son or his cousins.

But, of course, by the time our first grandchild arrived 8 years ago, we were in a much different situation.

Not surprisingly, Judy, being an artist and manager of an art gallery, chose a visual approach to letting our granddaughter, and then our grandson, be introduced to their personal past.

She framed dozens and dozens of pictures of relatives and family events and then created a portrait gallery on the long stairwell wall leading to our 3rd floor. When our grandchildren visited, she would carry them one at a time up the stairs, pausing to point out who some of these people were, what they did, and then answering any questions from Audrey and Owen.

As a writer and a teacher, I chose a different, more sedentary method. When our son was old enough to understand the alphabet, I would write letters on his back when I put him to bed after story time.

He would have to guess the letters. Later, I broadened that idea to have him try to tactilely feel out simple words I would write.

With my grandchildren, I expanded that technique to use the back-written words to introduce a family background story that I would then tell them, often tailoring that tale to something they had asked about or encountered during the day.

Of course, these are just 2 ideas. There are almost as many ways to tell family stories to grandkids as there are grandparents to tell them. Here are some other suggestions:

Visual Ways of Family Storytelling

- Make a family photo album and share it with your grandkids.

- If you are technologically savvy, create a family history picture compendium online. Perhaps you can even get some computer tips from your grandchildren for this one. Nothing says younger ones can't teach older ones.
- Fill in a family calendar with important dates for your family and discuss it periodically (weekly, monthly, seasonally, etc.)
- If your grandchildren are like ours, they love memory matching card games. Create a set of matching cards using pictures of family members and/or events and play it with your grandchildren. You can assign bonus points if they recount facts about the pictures on the cards.
- If you have easy access to a number of family burial sites, make tombstone rubbings and use them to prompt directed family discussions. This is a good way to introduce the ideas of death and dying when your grandchildren are ready for such a talk.
- Working vertically down, assign subjects for column 1 such as – at age 6 my favorite food, TV program, book, activity, sport, etc. The possibilities are endless. Use the answers to discuss personal history and cultural changes.
- If you have access to old handwritten letters or diaries, transcribe some of the entries and read them with your grandchildren. This may get them interested in writing their own letters, diaries, or journals.
- Compose a short *Focused Memoir Chapter*. Pick one event from your life and write it up as if it was going to be part of your overall autobiography or memoir and share it. You can write about something as routine as spending a spring day in the park or as historic as watching the first man walk on the moon.
- Create an abbreviated written version of your Family's Food Heritage. Seek out favorite recipes from family members and write them down. Add a short bio piece with each recipe. If you want a more hands on approach, make some of the simple recipes with your grandchildren.
- Find online newspaper clips of historic events in your lifetime. Write down your feelings and reactions to those events. Create a scrapbook or online blog to share all of this with your grandkids

Written Ways of Sharing Family History

- Make a *Me – My Parents – My Grandparents Chart*. If you're not familiar with this fun learning exercise, here is an example of how it works. Create a 4-column chart. At the horizontal top of columns 2, 3, and 4 place the designations Me, Parents, Grandparents.

Extending Learning About Your Family History

If your grandchildren express a real interest in family history, here are 2 involved collaborative projects you can enjoy together:

- Plan and undertake a Family History Field Trip. For example, if Judy and I were to take such a trip with our grandchildren, we would go back to the small New Jersey community of Bridgeton, where we were born and lived for 59 years. You could even record the entire adventure with a video camera or your cell phone and then have your own family documentary episode.
- Create a Family Museum Exhibit of Important Ancestral Artifacts. For example, if we were going to create The Price Family Ancestral Museum, we would need artifacts from my career as a writer and an educator; Judy's art years, my Dad's military, dry cleaning plant operator, and professional

gambling years; my Mom's 50 years as a school teacher; Judy's Dad's career in glass manufacturing; and her Mom's years as a homemaker and retail sales clerk.

History, whether it is that of a small farm family or a massive nation state, is really the personal stories of how people faced the challenges and changes in a specific period of time

Speaking of the challenges of our time, Dr. Linda Fried, dean of the Mailman School of Public Health at Columbia University in New York City says: "The elderly are the only increasing natural resource in the world".

So, hey there, fellow resources, I think a great way to begin offering our advantages to the world around us is to share what we know about our own family and times with our grandchildren. I hope you agree.

OVERCOMING BARRIERS TO EXERCISE: NO MORE EXCUSES

National Institute on Aging 2019

Exercise is good for almost everyone, but there are so many things that can get in the way of staying active. It's time for some positive thinking. No

more excuses!
Here are some tips to help you overcome those barriers and improve your health.

Finding Time to Exercise

Try exercising first thing in the morning. Combine physical activity with a task that's already part of your day, such as walking the dog or doing household chores. If you don't have 30 minutes to be active, look for three 10-minute periods. As you progress, add more 10-minute sessions until you hit your goal!

Sticking with Your Exercise Plan

Make exercise interesting and enjoyable. Do things you enjoy, but pick up the pace and try new activities to keep your interest alive. Being creative about your physical activity plans and regularly trying new forms of exercise prevent boredom. If you can stick with it for at least 6 months, it's a good sign that you're on your way to making physical activity a regular habit.

Exercising without Spending Money

Read and share this infographic for tips to help you overcome exercise barriers like not having time or being too tired.

Being active doesn't have to cost a thing! All you need for brisk walking is a pair of comfortable, non-skid shoes. For strength training, you can save money by making your own

weights using soup cans or water bottles. Check with your local parks and recreation department or senior center about free or low-cost exercise programs in your area.

Increasing Your Energy Regular, moderate physical activity can help reduce fatigue and even help you manage stress. Exercise can also reduce feelings of depression, while improving your mood and overall emotional well-being. Once you become active, you're likely to have more energy than before. As you do more, you also may notice that you can do things more easily, faster, and for longer than before.

Quick Tip Here's another online tool to help you get the recommended amount of endurance and strength activity during a given week. This new interactive Activity Planner from the U.S. Dept. of Health and Human Services' Move Your Way campaign lets you build a weekly physical activity plan and then print it out.

You can choose from a variety of fun and exciting endurance (aerobic) and strength exercises, personalize your activities by location and purpose, and indicate how much of each exercise you will do. Once you create your plan, don't forget to add in balance and flexibility exercises.

HOW GIFT CARD SCAMS ARE USED TO FINANCE FRAUD

Difficult-to-trace funds make cards an easy choice for scammers

by Gary Weiss, AARP 2019

When Denise McKendry entered the Kroger store in Midlothian, Va., on Feb. 25, the schoolteacher was visibly distraught. She was on her cellphone, talking to a man who had identified himself as Officer Johnson from the IRS. He had explained, in threatening and sometimes nasty terms, that McKendry owed \$5,207 in back taxes

and that she'd be arrested if she did not pay it off. Fortunately, thanks to an arrangement among Google, the IRS and her local police department, she could easily make a down payment on her debt and avoid jail. All she had to do was buy two \$500 Google Play gift cards and read their code numbers to him over the phone.

But as McKendry, who is in her 50s, tried to buy the cards by check, the clerk at the customer service counter got suspicious: "Do you know where these are going? How they are going to be used?" After a pause, she nodded yes. "OK, good," he replied, "because we get a lot of scams and they use these Google prepaid cards." McKendry covered her phone so Officer Johnson

wouldn't hear. "Please help me," she mouthed. She and the clerk went to the store manager, Tim Day, who explained that she was being scammed and had her hang up. The effort to separate McKendry from her money was over.

You may think of a gift card as the perfect birthday or graduation present for a relative who'd like to buy music, video games or clothing. But, as McKendry's ordeal illustrates, gift cards have also become a popular payment mechanism among scam artists. Whether masquerading as IRS agents, tech-support personnel or the attorney for a grandchild who's supposedly in jail, criminals pressure their targets to buy gift cards for iTunes, Google Play, Best Buy and other popular retailers — and order them to provide the code numbers, or PINs, on the back of the cards so they can be redeemed.

It's a growing trend. Federal Trade Commission data show that 26 percent of scammers asked for gift cards and "reload cards" in 2018, versus just 7 percent in 2015.

“They are nearly as untraceable as cash and are much more transferable.”

Todd Hartman, Best Buy’s General Counsel and Chief Risk & Compliance Officer

The good news: As awareness of gift-card use in scams grows, so do the efforts to head off those scams. Part of that involves employee training. At Kroger Mid-Atlantic, for example, service-desk personnel are trained “to engage with customers to ensure they are not being scammed” and to refuse transactions if necessary, a spokeswoman says. Apple, Best Buy and Target also say they train employees to be on the lookout for people who may be buying gift cards while in the midst of being defrauded. “What we wanted to be able to do is have people recognize if they saw somebody in distress,” Todd Hartman, Best Buy General Counsel and Chief Risk & Compliance Officer, says.

Other measures include limits on the purchase and use of gift cards. Last year three major retailers — Best Buy, Target and Walmart — announced

they were voluntarily implementing two such measures to reduce gift-card fraud. One was to lower the maximum amount of money that people could load on to gift cards in one transaction. The other was to put new restrictions on using their gift cards to buy other cards — a practice that scammers use to hide their tracks.

Last year, AARP collaborated with Best Buy and the National Association of Attorneys General to create a public service announcement warning people about gift-card schemes. One of the key messages: Gift cards are not used — and cannot be used — to pay bail, taxes or court fines.

“I was just so relieved,” McKendry says about the help she received at Kroger. “At that point the tears came. I gave Tim a hug, and I thanked Tim and his team, because they pretty much saved me from this scam.”

Back in the parking lot, sitting in her car, she got another phone call. It was Officer Johnson, and he was angry. “Don’t you call me again,” McKendry said. And this time, without any prompting, she hung up on him.

WHAT DOES THE FUTURE HOLD FOR SENIOR CARE?

By National Council for Aging Care 2019

Senior care is an important step in both a senior’s life and the life of a senior’s family. An elder entering assisted care

can opt for varying forms of assistance depending on factors such as level of care needed for his or her age, illness,

and mobility. Some of these types of care include:

- An assisted living home
- A nursing home
- Home health care
- Independent living
- Retirement home

The hope is that you or a loved one will be able to stay in these senior care facilities for a while (again, pending the level of care needed) and live life comfortably. These facilities have varying average lengths of stay anywhere from a single year up to 12 years. With that in mind, it's understandable to be concerned with what senior living will be like down the road, whether you're a couple years away from senior care or planning to enter it soon.

What Is Senior Care Like Now?

Seniors take up about 13 percent of the population, meaning there are about 42 million seniors living in America today. The Institute on Aging reports that 65 percent of elders get their long-term care and needs exclusively from family and friends, meaning just 35 percent of elders who need long-term care take part in some sort of senior care, either part-time or full-time. Many of those seniors who do get help go to one of the main types of care: nursing homes, assisted living, and residential communities.

The government spends, on average, over \$26,000 per year on an elderly person—almost triple what it does on children and working adults, Politifact found. Many of these costs come from the federal government with Medicare and Social Security payments. Another report found that many of these costs go directly to healthcare, with an average of \$18,424 being spent per person as of 2010. The report also discovered that, as elders age from 70 to 90, their medical costs nearly double over time.

So even when not all seniors who need long-term care receive the help they need, the government is still spending money on the elderly. Is this type of spending sustainable? Will the government be able to assist seniors' years down the road?

Population In The Future

The primary issue with senior care is that the senior population (or the overall population) isn't getting any smaller. By 2030, seniors are expected to take up over 20 percent of the population, according to the U.S. Census Bureau. That number (about 20 percent) remains the same for the year 2050, but given how many people are projected to be living in the U.S. by that time, it's expected more than 80 million seniors will be living in the States by then.

This is mostly thanks to the baby boomer generation, the group of adults

born between 1946 and 1964. In 2017, more than half of the generation aren't technically seniors yet, meaning it's not very likely they need help with some form of assisted living.

Researchers project that more than 76 million babies were born during the baby boomer generation, meaning it's reasonable to believe that more 40 million people in the U.S. will cross the "senior" threshold in just the next 12 years.

With this number of seniors in the country at one time, the government is projected to spend a lot more money on programs like Medicare. In fact, it's been found that the government will spend \$1.16 trillion on Medicare in 2027, almost double what it spent in 2016.

Because of this, senior care will have to develop quickly. In just the next 30 years, the industry's users could potentially increase 10-fold. So, what will senior care look like in the future?

Type Of Care/Technology In The Future

There will be an obvious need for more—and better—senior care moving forward as the elderly population grows. As more elders flow into the senior care world, this can create consequences—both good and not-so-good—for seniors across the

country.

More seniors will willingly enter senior care

"Increasingly, people are not viewing senior living as a step on the way to higher-acuity care but rather as somewhere to age in place," a panel of members from the Assisted Living Federation of America concluded. The more seniors are willing to enter senior care, the smoother the transition into a more community- and professional-based system.

This transition can be tough for seniors, and reasonably so. The Center for Disease Control notes that up to 11 to 14 percent of patients who need home health care or hospital care show signs of depression. These living conditions, in which health professionals are constantly intervening in their private space, are fuel for that.

There was a study done in China that showed just under 6 percent of single seniors surveyed showed a willingness to enter "institutional care," noting that factors like "psychological stress and living arrangements" were primary reasons as to why they did not want to enter some sort of senior living. But once technology and more community-based systems evolve in the future, professionals expect a greater willingness from elders to enter senior care.

More demand and competition in the industry

The boom in seniors who will need care will create an exorbitant need for more professionals as well as a massive amount of new facilities. It's been reported that the U.S. will need almost two million more housing facilities by 2040 to provide living space for seniors who need care.

There's also been a general rise in building senior care facilities since 2010, with most facilities having over 90 percent occupancy at all times.

The competition amongst a market like senior care will only improve the overall care for the patients. With more facilities to compete against, a certain facility won't want to fall behind. It will also make sure its practices are up to the standards set by its patients and the patients' loved ones.

Better technology

As we advance as a civilization, the hope is that we'll develop better technology allowing us to survive. This is certainly true in the healthcare industry, and especially with senior care. Technology for seniors specifically has already drastically improved over the last decade with phone apps that can remind elders when to take their medication, and GPS systems that can help locate a senior if they're missing or not where they should be.

There are also companies working to improve senior care daily with inventions like virtual robot assistants. A robotics company recently revealed plans to create a robot called ElliQ. "The device, which is made up of an interactive robot attached to a tablet," a tech website reported, "was built to help older adults age in place, while keeping them engaged, active, and connected to the outside world." Inventions like these can help seniors age more comfortably and actively in instances where there may not be professionals available to help round-the-clock.

Less structured and more community-based

Along with seniors' increased willingness to enter a senior care facility (discussed above), elders also are trending toward preferring a more community-based system. One site found that the usage of community-based senior care systems increased from 19 percent to 42 percent over a 13-year period.

These community-based supports and services (CBSS) allow seniors to have a wider range of care as well as a sense of community. More than 11 million seniors live in isolation, with the CDC reporting that 30 percent of elders 65 and up live alone. Isolation can have dire effects on seniors' mental and physical state, so the more included they are in a society, the better. Options like CBSS are becoming more

popular because they help seniors age better. A study called “The 2030 Problem: Caring for Aging Baby Boomers” highlighted the need for developing an affordable community-based system for seniors. “A community’s social and economic systems need to become attuned to arranging services to meet the needs of an aging society in natural, informal ways,” the study said.

Another expert in the senior care world also weighed in on community-based systems helping seniors: “People don’t want to come for meatloaf and mashed potatoes and sit around,” said Beth Baker, the author of *With a Little Help from Our Friends — Creating Community as We Grow Older*. “They

want a café, they want to have Wi-Fi, they want to have really cool, interesting, challenging programs of all sorts. ... I think walkability – and having some place to walk to, a destination – is going to be so much more important.” Workers can get an idea of how much they should expect to receive in Social Security by creating an account with the Social Security Administration. Current retirees should estimate how much a 20% to 30% reduction would leave them with in benefits, and try to create a plan to compensate for that gap, Ric Edelman, executive chair and co-founder of Edelman Financial Engines in Fairfax, Va. told MarketWatch.

THE GROWTH OF SENIOR CENTERS SHOWS THE INCREASING IMPACT OF SENIORS IN AMERICA

Recognized by the Older Americans Act (OAA) as a community focal point, senior centers have become one of the most widely used services among America’s older adults. Today, nearly 11,000 senior centers serve 1 million older adults every day.

Approximately 70% of senior center participants are women; half of them live alone. The majority are Caucasian, followed by African Americans, Hispanics, and Asians respectively.

Compared with their peers, senior center participants have higher levels of health, social interaction, and life

satisfaction and lower levels of income. The average age of participants is 75. 75% of participants visit their center 1 to 3 times per week. They spend an average of 3.3 hours per visit.

Senior centers serve as a gateway to the nation’s aging network—connecting older adults to vital community services that can help them stay healthy and independent. More than 60% of senior centers are designated focal points for delivery of OAA services—allowing older adults to access multiple services in one place.

Senior centers offer a wide variety of programs and services, including: • Meal and nutrition programs • Information and assistance • Health, fitness, and wellness programs • Transportation services • Public benefits counseling • Employment assistance • Volunteer and civic engagement opportunities • Social and recreational activities • Educational and arts programs • Intergenerational programs

To maintain operations, senior centers must leverage resources from a variety

LANGUAGE LEARNING FOR THE EXQUISITE, THE CHARITABLE, AND FOR HEALTH AND LONGEVITY

Maggie McColley, PhD.

French Professor, Osher Lifelong Learning Institute & St. John Paul II Catholic High School

We often associate learning a new language with a new path of discovery, one lending itself to exquisite experiences, allowing us to (for example) navigate the airport in Barcelona, order dinner in France, or speak informally with a standing gondolier in Italian. More charitably, we may pursue learning a new language to understand, empathize with, and provide help to someone in our own country who is a recent immigrant or visitor. They are in the process of learning how to navigate the local language themselves just as you will be when you travel or live abroad. You may decide, as my father did, to learn German to be able to read

of sources. These include federal, state, and local governments; special events; public and private grants; businesses; bequests; participant contributions; in-kind donations; and volunteer hours. Most centers rely on 3 to 8 different funding sources.

Research shows that older adults who participate in senior center programs can learn to manage and delay the onset of chronic disease and experience measurable improvements in their physical, social, spiritual, emotional, mental, and economic well-being.

Thomas Mann in the original language of publication. But have you recognized the goodness of learning a new language for health and longevity?

Studies show that learning a new language as we grow older not only exercises both sides of our brain, sparking them to work together more effectively, but also that our memory banks open new spaces to store the new linguistic information (whereas when younger, second or third language information is stored in the same area of the brain as that of our mother tongue). See [Raquel Magalhães](#)' article below.

I designed the course Read, Write, Speak, Listen to French with a few things in mind. The first of these is learner attention span. Students of language enjoy a diversity of topics and contexts for learning but staying on one topic for a lengthy time is a sure way to lose one's audience after five to ten minutes (especially in Zoom time). Additionally, Reading, Writing, Listening, and Speaking are the 4 areas of Language Acquisition well-known to teachers of secondary and higher education of French as a second or new language. And lastly, and most importantly: because of a new, growing interest in the neuroscience of language-learning. These 4 areas all work in interesting and varied ways with our brains, and their neuro-electronics and neuropathways. Learning and new language has been proven to lengthen our brain health and longevity.

This Winter session of Olli courses provided my first springboard for teaching Read, Write, Speak, Listen to French at FSU, though it is my third time teaching a variation of the course. What I have discovered is with the shifting ground of media for learning is that students remain more stimulated, attentive, and engaged. The order of learning has often worked in reverse of the course title: we begin class with a song or travel video to be transported to France and the francophone world (Listen), Practice pronunciation (Speak), Study

vocabulary and grammar (Write) work with speaking cues after a writing prompt (Speak and Write) and read a cultural-literary text. It has evolved to become Listen to-Speak-Write-Read French!

I have found that Olli students rise particularly well to the challenge of participating even if they are at the beginning phase of learning. I will learn in my personal evaluation-questionnaire about the class whether they were pushing beyond their comfort zone (though I aim to make the class a comfortable area for students to arrive to and to learn in through mistakes or imperfections—how else do we truly learn after all?)

One of the topics that always gets Olli students excited to speak is at the center of French culture: Food! (La Cuisine). How easily someone will answer the question: « Si tu pouvais, qu'est-ce que tu prendrais au restaurant à Paris? et à Marseille? et à Lyon? »: «If you could, what would you take (eat) at a restaurant in Paris? in Marseille? in Lyon? »

While some people may feel overly exposed in the Zoom room for language learning in a group, I have found that Olli students rise up and participate with great gusto. What a joy this is for a language teacher! How fortunate we are to have one another in this community to learn and celebrate life together. Come and join us in this

celebration of all aspects of language learning to improve our quality of life and, as a bonus, our brain health.

Source: What happens to your brain when you learn a new language? (unbabel.com)

HERE ARE GARDENING TIPS FOR APRIL FOR TALLAHASSEE

This month is good for tender vegetables, such as beans, sweet corn, squash, melons, and cucumbers. Plant two or more rows of corn for better pollination.

Continue planting warm-season crops: tomatoes, peppers, eggplants, and cabbage. Plant okra, too! Mulch your garden well to preserve moisture and keep down weeds.

Ensure that your garden receives 1 inch of rain per week. Set out an empty tuna can to measure the amount of rainfall. Watch out for insects such as aphids and use an insecticidal soap spray if needed. See Almanac.com/Gardening for our Pests & Problems page.

Plant an herb garden. Basil, parsley, oregano, chives, sage, rosemary, and thyme are good choices. Remove any weeds in your garden, as they compete with your plants for water and nutrients.

Plant new annuals and bedding plants, such as coleus, geraniums, impatiens,

marigolds, phlox, salvia, and zinnias. This is a great time to plant many bulbs such as: canna, caladium, blood lilly, and iris.

Divide herbaceous perennials, clumps of bulbs, and ornamental grasses if the garden looks too crowded. Replant or give away!

Remove any dead flowers from plants to encourage new growth. Apply new mulch around your plants, shrubs, and trees, if needed. This is a great month for planting shrubs and trees.

Prune spring-flowering shrubs after they finish blooming. Fertilize azaleas, camellias, and any other shrubs that need fertilizer. Remove any leaves from your lawn, and then fertilize it with a slow-release fertilizer.

Mow your lawn at recommended heights (St. Augustine and Bahia: 3 to 4 inches; Centipede: 1.5 to 2 inches; Dwarf St. Augustine: 2.5 inches). Ensure that your lawn is getting enough water (1 inch per week). Divide and repot houseplants. Fertilize if necessary.

QUOTE OF THE MONTH

COURAGE

“It is not the critic who counts, not the man who points out how the strong man stumbled, or where the doer of deeds could have done better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood, who strives valiantly, who errs and comes short again and again, who knows the great enthusiasms, the great devotions, and spends himself in a worthy cause, who at best knows achievement and who at the worst if he fails at least fails while daring greatly so that his place shall never be with those cold and timid souls who know neither victory nor defeat.”

Theodore Roosevelt

For publication in the OLLI times send **your information to George and Harriet
Waas at waas01@comcast.net**

Do you have an idea for a class?
Please submit any ideas for future OLLI classes and instructors to
Carroll Bewley, OLLI's Curriculum Team Chair at carroll.bewley@gmail.com



The Osher Lifelong Learning
Institute at
Florida State University



