



OLLI AT FSU'S MONTHLY NEWSMAGAZINE

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DECEMBER 2020

HOW TO CELEBRATE THE HOLIDAYS DURING COVID-19

From the CDC 2020

As many people in the United States begin to plan for fall and winter holiday celebrations, CDC offers the following considerations to help protect individuals and their families, friends, and communities from COVID-19. These considerations are meant to supplement—**not replace**—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which holiday gatherings must comply. When planning to host a holiday celebration, you should assess current COVID-19 levels in your community to determine whether to postpone, cancel, or limit the number of attendees.

Virus spread risk at holiday celebrations

Celebrating virtually or with members of your own household poses low risk for spread. In-person gatherings pose varying levels of risk. Event organizers and attendees should consider the risk of virus spread based on event size and use of mitigation strategies, as outlined in the Considerations for Events and Gatherings. There are several factors that contribute to the risk of getting infected or infecting others with the virus that causes COVID-19 at a holiday celebration. In combination, these factors will create various

amounts of risk, so it is important to consider them individually and together:

- **Community levels of COVID-19** – Higher levels of COVID-19 cases and community spread in the gathering location, as well as where attendees are coming from, increase the risk of infection and spread among attendees. Family and friends should consider the number and rate of COVID-19 cases in their community and in the community where they plan to celebrate when considering whether to host or attend a holiday celebration. Information on the number of cases in an area can be found on the area's health department website.
- **The location of the gathering** – Indoor gatherings generally pose more risk than outdoor gatherings. Indoor gatherings with poor ventilation pose more risk than those with good ventilation, such as those with open windows or doors.
- **The duration of the gathering** – Gatherings that last longer pose more risk than shorter gatherings.
- **The number of people at the gathering** – Gatherings with more people pose more risk than gatherings with fewer people. CDC does not have a limit or recommend a specific number of attendees for gatherings. The size of a holiday gathering should be determined based on the ability to reduce or limit contact between attendees, the risk of spread between attendees, and state, local, territorial, or tribal health and safety laws, rules, and regulations.
- **The locations attendees are traveling from** – Gatherings with attendees who are traveling from different places pose a higher risk than gatherings with attendees who live in the same area. Higher levels of COVID-19 cases and community spread in the gathering location, or where attendees are coming from, increase the risk of infection and spread among attendees.
- **The behaviors of attendees prior to the gathering** – Gatherings with attendees who are not adhering to social distancing (staying at least 6 feet apart), mask wearing, hand washing, and other prevention behaviors pose more risk than gatherings with attendees who are engaging in these preventative behaviors.
- **The behaviors of attendees during the gathering** – Gatherings with more preventive measures in place, such as mask wearing, social distancing, and hand washing, pose less risk than gatherings where fewer or no preventive measures are being implemented.

People who should not attend in-person holiday celebrations

Do not host or participate in any in-person festivities if you or anyone in your household

- Has been diagnosed with COVID-19 and has not met the criteria for when it is safe to be around others
- Has symptoms of COVID-19
- Is waiting for COVID-19 viral test results
- May have been exposed to someone with COVID-19 in the last 14 days
- Is at increased risk of severe illness from COVID-19

People at increased risk for severe illness

If you are at increased risk of severe illness from COVID-19, or live or work with someone at increased risk of severe illness, you should

- Avoid in-person gatherings with people who do not live in your household.
- Avoid larger gatherings and consider attending activities that pose lower risk (as described throughout this page) if you decide to attend an in-person gathering with people who do not live in your household.

General considerations for fall and winter holidays

Fall and winter celebrations, such as Rosh Hashanah, Yom Kippur, Halloween, Día de los Muertos, Navratri, Diwali, Thanksgiving, Día de la Virgen de Guadalupe, Hanukkah, Kwanzaa, Christmas, and New Year's, typically include large gatherings of families and friends, crowded parties, and travel that may put people at increased risk for COVID-19.

Before you celebrate

Hosting a holiday gathering

If you will be hosting a celebration, follow CDC tips for hosting gatherings. Below are some additional considerations for hosting a holiday celebration:

- Host outdoor activities rather than indoor activities as much as possible. If hosting an outdoor event is not possible, and you choose to host an indoor event, avoid crowded, poorly ventilated, or fully enclosed indoor spaces.
 - Increase ventilation by opening windows and doors to the extent that is safe and feasible based on the weather.
- Host activities with only people from your local area as much as possible.
- Limit numbers of attendees as much as possible.
- Provide updated information to your guests about any COVID-19

safety guidelines and steps in place to prevent the spread of the virus.

- Provide or encourage attendees to bring supplies to help you and others stay healthy. For example, extra masks (do not share or swap with others), hand sanitizer that contains at least 60% alcohol, and tissues.
- If you are planning in-person holiday gatherings with people outside of your household, consider asking all guests to strictly avoid contact with people outside of their households for 14 days before the gathering.

Attending a holiday gathering

If you will be attending a celebration that someone else is hosting, follow CDC Considerations for attending an event or gathering. Below are some additional considerations for attending an in-person holiday gathering:

- Outdoor activities are safer than indoor activities. If participating in an outdoor event is not possible, and you choose to attend an indoor event, avoid crowded, poorly ventilated, and fully enclosed indoor spaces. Increase ventilation by opening windows and doors to the extent that is safe and feasible based on the weather.
- Check with the event host, organizer, or event venue for

updated information about any COVID-19 safety guidelines and if they have steps in place to prevent the spread of the virus.

- Bring supplies to help you and others stay healthy. For example, bring extra masks (do not share or swap with others), hand sanitizer that contains at least 60% alcohol, and tissues.
- If you are planning to attend in-person holiday gatherings with people outside of your household, consider strictly avoiding contact with people outside of your household for 14 days before the gathering.

Holiday travel

Traveling increases the chance of getting and spreading COVID-19.

Staying home is the best way to protect yourself and others. Use information from the following webpages to decide whether to go on holiday travel:

If you decide to travel, follow these safety measures during your trip to protect yourself and others from COVID-19:

- Wear a mask in public settings, like on public and mass transportation, at events and gatherings, and anywhere you will be around other people.
- Avoid close contact by staying at least 6 feet apart (about 2 arms'

length) from anyone who is not from your household.

- Wash your hands often with soap and water for at least 20 seconds or use hand sanitizer (with at least 60% alcohol).
- Avoid contact with anyone who is sick.
- Avoid touching your eyes, nose, and mouth.

Get your flu vaccine

Gatherings can contribute to the spread of other infectious diseases. Getting a flu vaccine is an essential part of protecting your health and your family's health this season. September and October are good times to get vaccinated. However, flu vaccines are still useful any time during the flu season and can often be accessed into January or later.

During the celebration

Follow these tips to reduce your risk of being exposed to, getting, or spreading COVID-19 during the celebration:

Social distance and limit close contact

- Maintain a distance of at least 6 feet or more from people you don't live with. Be particularly mindful in areas where it may be harder to keep this distance, such as restrooms and eating areas.

- Avoid using restroom facilities at high traffic times, such as at the end of a public event.
- Avoid busy eating areas, such as restaurants during high volume mealtimes, if you plan to eat out at a restaurant.
- Minimize gestures that promote close contact. For example, do not shake hands, bump elbows, or give hugs. Instead wave and verbally greet others.


Wear masks

- Wear a mask at all times when around people who don't live in your household to reduce the risk of spreading the virus.
- Avoid singing, chanting, or shouting, especially when not wearing a mask and within 6 feet of others.

Do not use costume masks in place of cloth masks

- Do not use a costume mask (such as for Halloween) as a substitute for a cloth mask unless it is made of two or more layers of breathable fabric that covers your mouth and nose and doesn't leave gaps around your face.
- Do not wear a costume mask over a cloth mask because it can be dangerous if the costume mask makes it hard to breathe. Instead, consider using a Halloween-themed cloth mask.

Limit contact with commonly touched surfaces or shared items

- Clean and disinfect commonly touched surfaces and any shared items between use when feasible. Use EPA-approved disinfectant .
- Use touchless garbage cans if available. Use gloves when removing garbage bags or handling and disposing of trash. Wash hands after removing gloves.

Wash hands

- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.

Keep safe around food and drinks

Currently, there is no evidence to suggest that handling food or eating is associated with directly spreading COVID-19. It is possible that a person can get COVID-19 by touching a surface or object, including food, food packaging, or utensils that have the virus on it and then touching their own mouth, nose, or possibly their eyes.

However, this is not thought to be the main way that the virus is spread. Remember, it is always important to follow good hygiene to reduce the risk of illness from common foodborne germs.

- Make sure everyone washes their hands with soap and water for 20 seconds before and after preparing, serving, and eating food. Use hand sanitizer with at least 60% alcohol if soap and water are not available.
- Instead of potluck-style gatherings, encourage guests to bring food and drinks for themselves and for members of their own household only.
- Limit people going in and out of the areas where food is being prepared or handled, such as in the kitchen or around the grill, if possible.
- Wear a mask while preparing or serving food to others who don't live in your household.
- If serving any food, consider having one person serve all the food so that multiple people are not handling the serving utensils.
- Use single-use options or identify one person to serve sharable items, like salad dressings, food containers, plates and utensils, and condiments.
- Avoid any self-serve food or drink options, such as buffets or buffet-style potlucks, salad bars, and condiment or drink stations. Use

grab-and-go meal options, if available.

- If you choose to use any items that are reusable (e.g., seating covers, tablecloths, linen napkins), wash and disinfect them after the event.
- Look for healthy food and beverage options, such as fruits and vegetables, lean proteins, whole grains, and low or no-calorie beverages, at holiday gatherings to help maintain good health.

After the celebration

If you participated in higher risk activities or think that you may have been exposed during your celebration, take extra precautions (in addition the ones listed above) for 14 days after the event to protect others:

- Stay home as much as possible.
- Avoid being around people at increased risk for severe illness from COVID-19.
- Consider getting tested for COVID-19.

If you develop symptoms consistent with COVID-19, such as fever, cough, or shortness of breath, or if you test positive for COVID-19, immediately contact the host and others that attended the event or celebration that you attended. They may need to inform other attendees about their possible exposure to the virus.

Contact your health care provider and follow the CDC-recommended steps for what to do if you become sick, and follow the public health recommendations for community-related exposure.

If you are waiting for your COVID-19 test results, stay home until you have a result, and follow CDC's guidancepdf icon to help stop the spread of COVID-19.

If you have been diagnosed with COVID-19, a public health worker may contact you to check on your health and ask you who you have been in contact with and where you've spent time in order to identify and provide support to people (contacts) who may have been infected. Your information will be confidential.

Learn more about what to expect with contact tracingpdf icon.

If you are notified that you were a close contact of someone who tested positive for COVID-19

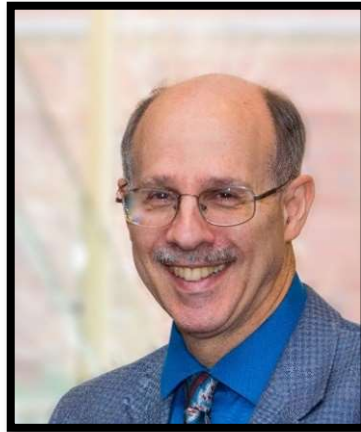
- Stay home for 14 days from the last time you had contact with that person.
- Monitor for symptoms of coronavirus.
- Get information about COVID-19 testing if you feel sick.

SMARTPHONES AND THE FUTURE OF REMOTE HEALTH MONITORING



From the Institute for Successful Longevity November 2020 Newsletter

By Dr. Neil Charness, the William G. Chase Professor of Psychology at FSU and Director of the Institute for Successful Longevity (pub. 2020)



In a recently published chapter in a book by the National Academies Press, we (Neil Charness, Walter R. Boot, Nicholas Gray) examined the state of what we called “MMI” (“emmy”): Mobile Monitoring and Intervention technology. We were referring to devices that can monitor aspects of your current status, make predictions about your future status, and, potentially, provide efficacious interventions to improve your quality of life as you age. Most of the research

that has been done so far in this arena has used the ever-popular smartphone.

Smartphones today are loaded with a wide variety of sensors that can provide information about your position in space (using GPS, A-GPS, barometer), how fast and what direction you are moving (accelerometer, gyroscope), lighting levels, sound levels (and potentially, what you are listening to), what you are looking at or

how you look (via cameras on the front and rear of your smartphone), how close your smartphone is to you (proximity sensor), and when you interact with programs on the phone, information about program use, etc.

That stream of information can enable artificial intelligence (AI) programs on the phone, or in the “cloud” (when your phone is connected to the Internet) to draw inferences about your state of mind or state of health. For instance, AI programs could serve as “mood detectors,” inferring that you are ill or depressed because you spent the entire day in your room and never phoned or texted the people you usually interact with. They could verify this inference by sending you a probe that asks you to rate your mood. Theoretically, but not yet happening, an AI program could target you help to counteract depression or suicide risk, using just-in-time interventions.

Similarly, another mobile device growing in popularity is the smartwatch. These devices are continually adding new sensor capabilities so that the watch can monitor skin temperature, skin conductivity, color changes in skin that indicate heart rate (blood flow patterns), blood oxygen levels, body motion, and location. AI programs in the cloud (and increasingly on the watch) can gauge how well you are sleeping, determine if you are staying still or moving, assess what type of

exercise you are engaged in (e.g., running, biking), can infer that you have just fallen. By combining knowledge of the world and sensor data, even more subtle inferences are possible, such as when you are typing on a computer keyboard and what you are typing.

Thus, in the not so distant future, your mobile devices (or fixed sensors in your home), could monitor your health and well-being on a moment to moment basis offering advice about how to stay in better physical and mental health or alerting others if you suddenly become incapacitated. For some, this monitoring may be a welcome prospect, such as for worried children of aging parents. To others, this monitoring could be seen as Big Brother invading your privacy.

The key is to safeguard privacy and confidentiality of the data stream from your devices. At the moment, all your data are fair game for the device manufacturer or app designer, who typically requires you to consent to data transfer as part of the privilege for using their devices and apps. Your smartphone service provider is also monitoring your location to connect you to the best cell tower or hand you off when you are driving to the next one. Similarly, the government mandates that your phone call and text information be retained in case law enforcement convinces a judge that

they need to consult those records to solve a crime.

The New York Times looked at the extent of tracking of cell phone data in a recent set of stories showing how it was easy to determine what someone was doing based solely on location

information over the day. So, there are positives and negatives to MMI technology. We will need to convince our legislators to strike the right balance between personal needs (for data privacy, security), and societal needs (for public safety). Then this technology may rightfully win an MMI award.

THE PRESIDENT'S PAGE

Harriet Waas
President, OLLI Advisory Council



GOODBYE 2020!

As 2020 draws to a close, so many of us are thankful to see the end of this year and we look forward to a better 2021. We have lived through many months of the COVID-19 pandemic and even though we know it will continue into next year, our optimism gives us hope for a better future.

While we have had a difficult year, we persevered and should reflect on the many positive experiences in 2020. We have enjoyed a wonderful Fall semester with many interesting classes and innovative activities. While we miss the face-to-face camaraderie, we

"see" each other virtually and are able to connect online.

Instructors did an amazing job presenting material through the power of Zoom. Volunteers organized and presented special activities and the chance to learn something new or just to have fun! We have made the transition to online classes, and will continue to present classes through technology even after we are able to

return to campus and face-to-face classes and events. This will give our OLLI members even greater choices in ways to learn and connect with others! Every dark cloud always has a silver lining.

I wish you the best for the remainder of this year, enjoy your holidays, look for the good in life, continue to learn and stay involved, and most importantly, stay well!

A TIME IN MY LIFE

COW AND MOO.....AND FLOOF, TOO

By George Waas



COW



MOO

This is the story of a cat named Cow and kittens named Moo and Floof. Yes, they're related. This narrative involves our Newberry, Florida family: daughter and son-in-law, Amy

and Frank Kinsey, and their children Avery and Connor.

Recently, Harriet and I welcomed new additions to our home, kittens we

named Moo and Floof, born on September 26 under a neighbor's shed in our daughter's neighborhood. Moo's and Floof's mother is named Cow.

Have I piqued your interest? Well, here's the story. A few months ago, a little cat adopted the front porch of our granddaughter's home. Because of her coloring—black and white similar to a Holstein milk cow, she got the name Cow.

After a few days of Cow just showing up, Amy and Frank realized Cow was pregnant. Because Cow was clean and appeared healthy, they surmised that she was dropped off in their neighborhood once the owner found out she was pregnant.

Cow had freedom to roam the neighborhood and became a regular visitor to the porch, and our two grandchildren, 11-year-old Avery and 8-year-old Connor. Together, they helped their parents make a comfortable place on the porch—food and water, a box with a towel in it--for Cow and her soon-to-be babies. Cow was taken to the vet for an ultrasound, which revealed that she was healthy and carrying up to four babies.

While Cow remained free to roam the neighborhood, she always returned to our granddaughter's porch, where she had food, water and a comfortable

place to hang out. She was definitely an outdoor cat, but soon she warmed to wandering through the house. Although our Newberry family already had two male cats, Vadar and Van, they didn't seem to mind this new visitor. Vadar--almost all black--and Van (nicknamed Van, Van the Tan Man for obvious reasons) were curious about this new, different-looking stranger, but they seemed to have accepted one other, at least so far.

After a few weeks of daily visits, Cow was unable to be found on September 26. Sunday, September 27, she returned to the porch, but now she was no longer pregnant. Cow had found a place to have her kittens where she knew they would be safe. Whenever Cow returned to their home, Amy and Frank provided Cow with more food and water because she now needed nourishment not only for herself, but for her babies.

A few days later, Amy and Frank followed Cow to a neighbor's backyard. There, Cow had made a nest far underneath the shed, safe from the elements and predators.

Her babies were so well protected that there was no way to determine at that time how many kittens there were that were being protected by their mother.

After a few days, Cow felt comfortable allowing Amy, Frank and their children to see her kittens.

After three weeks of visiting Cow to feed her, she begrudgingly allowed Amy and Frank to relocate the kittens and their mom to their garage.

They had set up a kiddie pool with towels but Cow-mama decided that a well-protected corner of the garage by a cooler and some beach toys would make a much better nursery.

We told our grandchildren that we wanted to adopt one kitten, and we gave it the name Moo. We figured since mom is Cow, one of her babies should be named Moo. We asked Avery and Connor to pick the one that looks like a Moo. And they did just that. During this time, they also named the others Boo, Floof and Calf (the latter because this kitten has the same coloring as her momma.)

On the weekend of October 23, Harriet and I visited our family in Newberry and got to meet Moo and his siblings. Mama Cow is a sweet, friendly cat, and her babies are adorable. You can see that for yourself. Cow will stay with Amy and Frank, and they will keep Boo. Amy's friend has given Calf a new home. But that's not the end of the story.

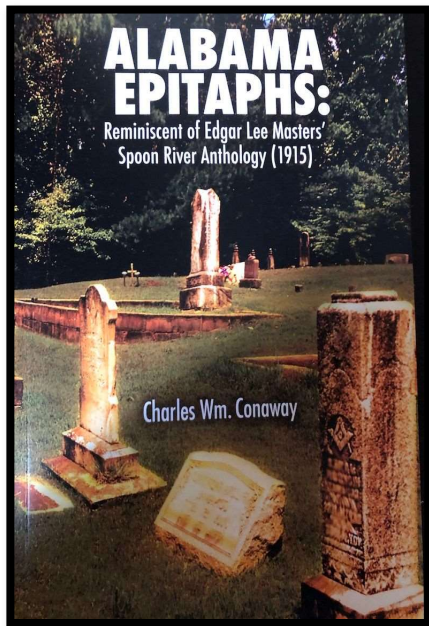
Although our original plan was to adopt Moo, during our visit, Harriet decided that she also wanted to take home the grey cat our grandchildren named Floof. Of course, I readily agreed. We tossed different names back and forth, even doing a Google search for names for grey cats (you can really Google this!). We came up with Smokie, but after much more thought and reflection, we decided to go with Floof, much to the delight of our grandchildren---and that's the most important thing of all.

Moo has recently moo-ved to his new home here in Tallahassee, along with his sister, Floof.

And now you know the story of a cat named Cow and kittens named Moo and **FLOOF**



OLLI'S CHARLES CONAWAY PUBLISHES HIS BOOK "ALABAMA EPITAPHS: REMINISCENT OF EDGAR LEE MASTERS' SPOON RIVER ANTHOLOGY (1915)"



OLLI member Charles Conaway has published his book, **Alabama Epitaphs: Reminiscent of Edgar Lee Masters' Spoon River Anthology (1915)**. "Masters' Spoon River Anthology was based on the notion that, "for a period of several months, people buried in the cemeteries of several small towns spoke to Masters from their graves along the banks of the Spoon River in northeast Illinois," Conaway said.

Conaway's **Alabama Epitaphs** employs the same notion, recording voices he says he heard as he walked

among graves of family members, neighbors, friends and acquaintances, real and imagined, in the three Alabama counties where he spent his formative years.

Conaway explains, "What you see [on these pages] are the statements of people who are dead and buried and who no longer have reason to be tactful or anything other than perfectly honest. Some are petty and bear grudges; others are magnanimous and forgiving. Some are apologetic for their misbehaviors and many express hope for good things to happen to those who follow them, especially their own families.

"Depending on the circumstances of their deaths, they may know how they came to die. Some, at the moment of their graves being covered over, expected that they go to Heaven and not a few feared they would go to Hell. Depending on their prior views of what an afterlife would be, many are surprised at what they learned. Others just complain of the perpetual quiet as their bodies simply return to dust."

Conaway read **Spoon River Anthology** when he was still in high school and appreciated Masters' creation. In retirement, Conaway decided to use Masters' model to craft

his own version of graveyard communications.

Exercising his vivid imagination, creativity and knowledge of family and area history and changing social conditions, Conaway cleverly posits and hones the essence of hundreds of varied lives. The works reflect Conaway's escape from George Wallace's socially backwards and racially prejudiced Alabama with his entry to graduate school at Florida State in the mid-1960s.

According to one early reviewer, **Alabama Epitaphs** "is a wonder of imagination, creativity and accomplishment. All those people you invented! All the lives, the pains, the poignancy that you put on each page. What a labor of love and ability." Another called it "enjoyable, clever, whimsical."

For more information about the limited edition of **Alabama Epitaphs**, contact Conaway at 850-264-3212 or cconaway@fsu.edu.

WEDNESDAY BOOK CLUB FEATURES "LINCOLN'S LAST TRIAL" FOR JANUARY; SEEKS BOOK DONATIONS FOR GUARDIAN AD LITEM PROGRAM

By Susan Barnes

On January 13 via Zoom, the Wednesday Book Club will be discussing **Lincoln's Last Trial: The Murder Case That Propelled Him to the Presidency** by Dan Abrams and David Fisher.

At the end of the summer of 1859, twenty-two-year-old Peachy Quinn Harrison went on trial for murder in Springfield, Illinois. Abraham Lincoln was hired to defend him in what proved to be his last great case as a lawyer.

What normally would have been a local case took on momentous meaning. Lincoln's debates with

Stephen Douglas had gained him a national following. He was being urged to make a run for the presidency. His reputation was untarnished, but should he lose this trial, the spotlight now focused so brightly on him might be dimmed.

The case also posed personal challenges for Lincoln. The victim had trained for the law in his office, and Lincoln had been his friend and his mentor. The accused killer, the young man Lincoln would defend, was the son of a close friend and supporter. And to win this trial he would have to form an allegiance with a bitter political rival. Lincoln's Last Trial captures the presidential hopeful's

dramatic courtroom confrontations in vivid detail as he fights for his client—but also for his own political future. Carol deJarnette will be leading our discussion.

If you're reading this early enough,

you might not have missed the December 3 deadline to make a donation to the Guardian ad Litem Foundation for the purchase of books for their clients in the foster care system. Please see the November OLLI Times for more details.

OLLI MONDAY BOOK CLUB TO DISCUSS “CALL OF THE WILD” AT DECEMBER ZOOM MEETING; TWO BOOKS SET FOR JANUARY SESSIONS

OLLI's Monday Book Club continues with engaging Zoom meetings on the second Monday of each month, September thru June. Join us for our next gathering on December 14, 11:00 a.m. - 12:30 p.m., for discussion of Jack London's classic, *Call of the Wild*.

For January and the beginning of our new year, we have a double treat. For our usual second Monday meeting, Jan 11, 11-12:30, we will be discussing *The Dry* by Jane Harper. Bonus meet will be on Jan 6

at 2 p.m. when we will be entertained with local author and activist based in Tallahassee, Susan Cerulean. Susan will discuss her latest book, *I Have Been Assigned the Single Bird*. The book is classified as a daughter's memoir and relates the lingering death of her beloved father living with dementia. It promises to be our high light of the year. Join us.

If you haven't previously attended, email Ramona Bowman at rbowman0721@gmail.com to be placed on the Zoom invite list.

FROM THE WRITERS' CLUB

The Magic of Believing
Christmas 1945 - 6 years old

By Judith Powell

“Jude, are you awake?” My twin brother says nudging me with his foot. “Uuh-huh, do you think he’s been

here?” I reply yawning. “I don’t know. What time is it?” “Go look at the clock in the hall and be quite.” I command.

Johnny gets out of bed shivering in the cold bedroom and tiptoes to the wall clock at the top of the stairs. I follow him as far as the bedroom door.

"It's too dark - I can't see the clock", he whispers. "Get closer and just see what the little hand is on."

Stretching as tall as he can he finally sees the little hand. "It's on 5." "Get back in bed - we better wait till it's on 6." I urge. "I think we should see if he has already been here." Johnny suggests. "How are we going to do that?" I question. Johnny lays out the plan. "I will sneak down the stairs to the landing and look around the corner. If there are more presents under the tree and if the cookies we left him are gone we will know he's been here. Then we will wait till the little hand is on 6 before we wake up Mama and Daddy."

"But it's too dark to see." I reply. "No, it's not; remember Daddy left the porch light on. There will be light shining in the window - I'll be able to see." Johnny states with certainty. "OK, but I'm going with you."

We both slowly tiptoe to the head of the stairs quietly looking at each other with our index fingers pressed to our lips. As we step on the first step we stop, remembering that the second step squeaks when it's stepped on.

Holding hands, we step to the third step, careful to miss the tell-tale second step. Slowly we move down the fourth, fifth, and sixth step to the landing. Our big brown eyes stare at each other, hearts pounding with excitement, wondering if we should look. We both seem to be thinking the same thing - what if he is still there and sees us; what if he hasn't been here; what if we haven't been good enough and he isn't going to come to our house at all.

Quickly, curiosity takes over and together we bend stretching forward turning our blonde heads to the left like a mechanical toy as we look down into the living room. In less than a second, we see and with a burst of excitement we race up the stairs rushing into our parent's bedroom exclaiming, "He's been here, he's been here!"

The little hand is still on 5.

SPANISH CLUB TO MEET VIA ZOOM

!Buenos días amigos! Great news to share. Spanish Club will be able to Zoom every Friday even though there is no class again until February. Perfect opportunity to continue practicing

español (so you don't lose it!). Please join us for a fun and enjoyable hour (11:00-12:00). Hope you put it on your calendar and make it a part of your week. Profesora Morris



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The End of the Pandemic Is Now in Sight

For all that scientists have done to tame the biological world, there are still things that lie outside the realm of human knowledge. The coronavirus was one such alarming reminder, when it emerged with murky origins in late 2019 and found naive, unwitting hosts in the human body. Even as science began to unravel many of the virus's mysteries—how it spreads, how it tricks its way into cells, how it kills—a fundamental unknown about vaccines hung over the pandemic and our collective human fate: Vaccines can stop many, but not all, viruses. Could they stop this one?

The answer, we now know, is yes. A resounding yes. Pfizer and Moderna have separately released preliminary data that suggest their vaccines are both more than 90 percent effective, far more than many scientists expected. Neither company has publicly shared the full scope of their data, but independent clinical-trial monitoring boards have reviewed the results, and the FDA will soon

scrutinize the vaccines for emergency use authorization. Unless the data take an unexpected turn, initial doses should be available in December.

The tasks that lie ahead—manufacturing vaccines at scale, distributing them via a cold or even ultracold chain, and persuading wary Americans to take them—are not trivial, but they are all within the realm of human knowledge. The most tenuous moment is over: The scientific uncertainty at the heart of COVID-19 vaccines is resolved. Vaccines work. And for that, we can breathe a collective sigh of relief. “It makes it now clear that vaccines will be our way out of this pandemic,” says Kanta Subbarao, a virologist at the Doherty Institute, who has studied emerging viruses.

The invention of vaccines against a virus identified only 10 months ago is an extraordinary scientific achievement. They are the fastest vaccines ever developed, by a margin of years.

This is a summary of an article published in The Atlantic on November 18, 2020. You can find the full text at: <https://bit.ly/2UYW31v>

Pandemic invades nursing homes again

Covid-19 cases in nursing homes saw a more than 40 percent increase from mid-September to Oct. 25 after seven weeks of steady decline, according to the most recent data. Nursing home operators and experts on long-term care say it's basically impossible to keep the coronavirus from seeping in as cases spike in communities across the country.

The administration has improved testing and staff screenings at nursing homes since last spring, yet workers will inevitably bring the virus in with them. "As cases in the community increase, this highly contagious virus finds its way into our buildings," said Mark Parkinson, the head of the major nursing home lobby, the American Health Care Association.

The new infections in care facilities are creating a growing challenge for President-elect Joe Biden, who pledged special attention to nursing

homes, including contact tracing in every facility and fully invoking the Defense Production Act to increase the supply of key protective gear.

But Biden, too, will face challenges in a divided, distrustful virus-fatigued nation. Even with the progress toward a vaccine announced by Pfizer on Monday, experts say those public health steps will be the best ways of combating the virus because it will take months to make the vaccine widely available.

This is a summary of an article published on Politico on November 11, 2020. You can find the full text at: <https://politi.co/3m3YuvF>

Coronavirus, COVID-19, and You

The Claude Pepper Center is committed to providing as much accurate and useful information about the pandemic as long as it remains a threat to the health of Americans. We will be posting information daily and modifying previous posts as more recent information becomes available. Click to find out about how COVID-19 is affecting long term care, the economy, public health policy, vulnerable populations, and much more: <https://fla.st/3cwB0Ks>

SPECIAL TO THE TIMES

SOCIAL MEDIA SCAMS SKYROCKET DURING PANDEMIC

More people are reporting losing money to scams that started on places like Facebook, Instagram, LinkedIn, Snapchat, TikTok and Twitter, according to a new report by the Federal Trade Commission.

FROM USA TODAY 2020

Social media is a great way to spot a sweet picture of your little niece getting a flu shot or your nephew scoring that big goal in hockey — especially as we try to embrace a new socially-distant lifestyle.

But the scammers know exactly where to find you during the fight against the spread of COVID-19. Social media isn't just for keeping up with family — or arguing about politics. You suddenly might be scrolling through Facebook one day and spot a way to track down a missing stimulus payment.

Or find a new love of your life. Or a job. Or a great deal on a pair of designer shoes.

And, you might lose plenty of money along the way. More people are reporting losing money to scams that started on places like Facebook, Instagram, LinkedIn, Snapchat, TikTok and Twitter, according to a

new report by the Federal Trade Commission.

Such complaints more than tripled in the past year, with a sharp increase in the second quarter of 2020, according to FTC data. Hot scams often involve online shopping, romance scams, and supposed economic relief or income opportunities.

A new way to complain

To better address complaints, the FTC has launched a new website — ReportFraud.ftc.gov — where consumers can report a scam whether they have lost money or not. As part of this new service, the consumer also receives some advice on what to do next when it comes to a particular problem. The spike in scams that start on social media is even a bit unsettling for consumer watchdogs.

People reported losing more than \$117 million to this type of scam in just the

first six months of 2020 compared to \$134 million for all of 2019, according to the FTC's latest Consumer Protection Data Spotlight. "The sheer volume is a bit surprising," said Emma Fletcher, program analyst and author of the FTC data spotlight report.

"Scammers are typically quick on their toes to respond to current events, she said, such as the COVID-19 crisis. Scammers also are very savvy at using the latest technology — such as caller ID spoofing — to appear legitimate. "But I have been surprised at how dramatic the increase in reports has been for social media and particularly online shopping," Fletcher said. "It's surprising and concerning that they're able to utilize social media so effectively."

No, your friend can't help you get a grant

One hot scam of late that often starts on Facebook or elsewhere involves messages that appear to be from friends suggesting that your friend knows how you can get grant money during the pandemic. "The friend will say 'I was able to get this money. Here's the link. Check it out,'" Fletcher said in an interview with the Free Press.

The promise of grant money might look legitimate because it seems like it's coming from a friend. But your

friend's account may have been hacked — or scammers may be pretending to be someone you know. A friendly face on Facebook isn't a guarantee that you're not looking at a crook. By hiding who they are, the FTC said, scammers can easily move into "a virtual community you trust, leading you to be more likely to trust them."

If you fall for one of the grant-related scams, typically the scammers are going to ask for money up front to cover certain fees before you can get the grant. "If you pay those fees, there will be another ask and another ask and so on until the consumer eventually recognizes that it is a scam," Fletcher said.

The grant scam has been able to gain some traction because many consumers have heard about things like the stimulus checks and other programs that have been set up to help during the financial crunch related to the pandemic. Unfortunately, what the scammers are pitching on Facebook or elsewhere isn't real.

How to protect your money when shopping during the holidays

As we move into the holiday season, consumers need to recognize that online shopping scams are likely to grow. In the first and second quarters of 2020, the FTC received 43,391 complaints about undelivered online shopping orders. About one in four of

those complaints indicated that the problem started on social media.

The scam: You pay to buy something; and you never see it.

If you spot an ad online, check it out elsewhere. Do some extra research to find out about complaints. The FTC notes that you might not always recognize a scam by simply looking at the comments on a social media site. Fletcher warns that the scammers can delete comments on their ads or posts, so that negative responses don't show up.

Consumers should take time to check out the company by typing its name in a search engine with words like or "scam" or "complaint," according to

Jon Miller Steiger, director of the East Central Region for the FTC. The regional office, based in Cleveland, serves Ohio, Michigan, Pennsylvania, Virginia, West Virginia, Maryland, Delaware and the District of Columbia. Steiger also recommends watching out for unfamiliar sites selling products that are in short supply or name brand goods at steep discounts. And pay with a credit card, and contact your credit card company to dispute the charges if a seller doesn't deliver your goods or they are not as promised.

"As far as social media scams go, we're seeing a lot of reports from people who have purchased items after seeing a Facebook ad. This

unfortunately happens a lot," said Laura Blankenship, director of marketing for the Better Business Bureau Serving Eastern Michigan & the Upper Peninsula." Anyone can create a Facebook ad," she warned.

"Some Facebook ads impersonate well known websites, therefore, it's best to visit the website in a separate browser rather than clicking on the ad," Blankenship said.

The ads could also be a part of a phishing scam, she said, where the scammer wants you to click on a link so they can download malware to your account, gaining access to any personal information on your computer.

One fear tactic heats up in cold weather

Consumers are being warned that scammers once again are threatening to cut off your heat or other utility services in a matter of hours. The crooks want you to pay up immediately by putting money on a gift card, prepaid debit card or via Bitcoin. And yes, they're going to bully you just like you were back in middle school. Some crooks ask for your Social

Security Number or bank account information; some attempt to get past the front door into your home. Many of these types of scams start out with a phone call but state regulators note that

some start out with text. "These kinds of scams typically ramp up this time of year as home heating season begins," said Matt Helms, public information officer for the Michigan Public Service Commission.

The Michigan Public Service Commission is warning: "Callers

make it appear on caller ID that the call is coming from a utility, a deliberate falsification referred to as caller ID spoofing." If you're tricked and end up providing bank account information to one of these impostors, you're encouraged to contact your bank and your local police department.

HOW MANY SENIORS LIVE IN POVERTY?

By Juliette Cubanski, Wyatt Koma, Anthony Damico and Tricia Neuman

KFF Medicare 2018

Payments from Social Security and Supplemental Security Income have played a critical role in enhancing economic security and reducing poverty rates among people ages 65 and older. Yet many older adults have limited income and modest savings. In 2016, half of all people on Medicare had income less than \$26,200 per person. This brief summary of research provides current data on poverty rates among the 51.1 million older adults in the U.S., by age, gender, race/ethnicity, and health status and by state, as context for understanding the implications of potential changes to federal and state programs that help to bolster financial security among older adults.

The U.S. Census Bureau reports two different measures of poverty: the official poverty measure and the Supplemental Poverty Measure (SPM). In 2017,

the threshold for poverty under the official measure was \$11,756 for an individual age 65 or older. Unlike the official measure, the SPM poverty thresholds vary by geographic area and homeownership status, and the SPM reflects financial resources and liabilities, including taxes, the value of in-kind benefits (e.g., food stamps), and out-of-pocket medical spending.

This summary presents estimates of poverty under both poverty measures for adults ages 65 and older, based on data for 2017 and three-year averages (2015 to 2017). Estimates of poverty based on the SPM indicate that the number and share of older adults who are struggling financially are larger than when based on the official poverty measure.

The difference is largely due to the fact that the SPM deducts out-of-pocket

medical expenses from income, while the official poverty measure does not.

Key Findings:

Under the official poverty measure, 4.7 million adults ages 65 and older lived in poverty in 2017 (9.2%), but that number increases to 7.2 million (14.1%) based on the Supplemental Poverty Measure.

More than 15 million older adults had incomes below 200% of poverty based on the official poverty measure in 2017 (30.1%), a number that increases to more than 21 million (42.0%) based on the SPM.

The poverty rate among people ages 65 and older increases with age and is higher for women, blacks and Hispanics, and people in relatively poor health, under both the official poverty measure and the SPM.

Nearly 3 million women ages 65 and older have incomes below poverty under the official poverty measure, but this number rises to more than 4 million under the SPM (based on three-year 2015-2017 averages). Among older men, 1.6 million live in poverty based on the official poverty measure, a number that increases to 2.7 million based on SPM.

Across all states, the share of people living in poverty is higher under the SPM than under the official poverty measure.

Based on the SPM, at least 15% of people ages 65 and older live in poverty in 9 states (CA, FL, HI, LA, MD, NJ, NM, TX, and VA) and D.C., as compared to just one state (LA) and D.C. based on the official poverty measure.

THE SEVEN MOST COMMON SOCIAL SECURITY MISTAKES

From Kiplinger 2019

Social Security is a complicated element of anyone's retirement plan. Here are the most common mistakes individuals tend to make and how to avoid them.

If you're older than 55, Social Security planning comes front and center as you

think about your retirement income picture.

When should you take it? How do you optimize your benefit? How will it affect your taxes?

According to the Centers for Retirement Research at Boston

College, 60% of seniors are applying for benefits before full retirement age. It's obviously very difficult to navigate the many options to avoid the biggest Social Security mistakes as you are planning your benefit distribution strategy.

Here are some of the biggest and most common mistakes people make when taking their Social Security.

1. Turning on Social Security at 62 while you're still working.

Collecting your Social Security too early is a common mistake. If you have not properly planned for retirement, you might think that taking the government benefit as early as possible would make sense. After all, no one knows how long the benefits will continue and what changes might come in the future.

The problem is that Social Security has stiff consequences for people under full retirement age who are collecting and continuing to work. If you are working and are between 62 and full retirement age and you turn on your benefits, for every \$2 you make over \$17,640 per year (in 2019), Social Security will temporarily withhold \$1 in benefits.

While the benefit is recalculated at full retirement age to make up for the forgone benefits if you claim early, sixty-somethings who are still working

should consider waiting to take benefits at full retirement age, when the earnings test is no longer an issue.

2. Not utilizing the restricted application strategy (if you are eligible).

For couples with at least one spouse born before Jan. 2, 1954, you need to be aware of the restricted application strategy. It allows couples to have one spouse claim a spousal benefit while deferring his or her own benefit. You may be eligible to collect that spousal benefit for up to four years while deferring your own benefit, letting it grow to its maximum amount at age 70.

If you are planning to wait until 70 to collect your maximum benefit, you might not consider the restricted application or might not be aware of it. The benefit of this strategy is that you still end up with the maximum benefit at age 70, but you can potentially collect additional spousal benefits while you are waiting to turn on your own benefit. The strategy can be considered for divorced couples as well.

3. Remarrying without understanding the consequences.

If you are currently collecting an ex-spousal Social Security benefit and you remarry, that benefit will cease. Also consider, if your ex-spouse

passes away, you will step up to their full benefit amount — a morbid thought but important to know.

Unfortunately, it's not just about love anymore. You have to consider how the new marriage might impact your Social Security benefits.

If you remarry a person who is 10 or 20 years younger than you, you might not qualify for spousal Social Security benefits for quite some time. Make sure you understand how your remarriage could impact your benefits.

4. Waiting on a spousal benefit until 70.

Maybe you don't need any extra income, so both you and your spouse are waiting until 70 to start taking Social Security, expecting to receive a higher benefit by deferring.

Keep in mind that while the primary worker receives a Social Security deferral increase of around 8% per year by waiting from full retirement age to 70, unfortunately spousal benefits do not receive that same level of increase.

Because spousal benefits do not receive deferral credits, there is less incentive to wait to collect those spousal benefits.

5. Thinking if you were to die at 70 you would have been better off collecting early.

This is not always the case. If you die at age 70, and your spouse lives to age 92, your spouse could be over \$100,000 better off with your decision. Even though you never received a nickel, your spouse will have that much more money during the rest of his or her lifetime.

People often forget that when one spouse passes away, the lower Social Security amount disappears. The surviving spouse keeps the higher of the two benefits. The increase in benefits you receive by deferring might not just be for your life but for the life of your spouse as well.

6. Neglecting to plan in case of death of spouse.

Planning for the potential death of a spouse is not a fun topic to discuss, but it can be important in the financial planning process, especially when it comes to Social Security. When one of you passes away, you're left with only the higher of the two benefits. If this happens later in retirement, it is often not a significant issue. However, early in retirement if one of you passes away, the lower income can become a planning problem. Make sure to address this possibility with your financial professional. Consider other assets you might be able to access in

that situation or ways to manage that risk, such as electing to take the joint life option on your pension.

7. Not understanding how Social Security is taxed.

There are certain thresholds where Social Security becomes 50% taxable and where it becomes 85% taxable. It all depends on your “provisional

income,” which is your adjusted gross income, not counting Social Security benefits, plus nontaxable interest and half of your Social Security benefits. If your provisional income is \$25,000 to \$34,000 (for singles) or \$32,000 to \$44,000 (for married filing jointly), up to 50% of your benefits may be taxable. If your provisional income is more than \$34,000 if single or more than \$44,000 if married, up to 85% of

your benefits may be taxable.

You need to plan your other retirement income sources to keep your entire plan more tax efficient and tax optimized.

It’s also important to consider your tax bracket when deciding when to take Social Security. If you and your spouse are full retirement age, still working, and in a high tax bracket, it might make sense to defer your benefits if you are planning on your tax rate being lower in retirement. Tax planning is an integral component in Social Security planning. Consult with your tax professional to review how your taxes might change in retirement.

Social Security can be a significant income stream in retirement. Make sure you do everything you can to maximize your benefits and avoid potential pitfalls.

MEMORY, FORGETFULNESS, AND AGING: WHAT’S NORMAL AND WHAT’S NOT

From the National Institute on Aging, 2020

Many older people worry about their memory and other thinking abilities. For example, they might be concerned about taking longer than before to learn new things, or they might sometimes forget to pay a bill. These changes are usually signs of mild forgetfulness—often a normal part of aging—not serious memory problems.

Talk with your doctor to determine if memory and other thinking problems are normal or not, and what is causing them.

What's Normal Forgetfulness and What's Not?

What's the difference between normal,

age-related forgetfulness and a serious memory problem? Serious memory problems make it hard to do everyday things like driving and shopping. Signs may include:

- Asking the same questions over and over again
- Getting lost in familiar places
- Not being able to follow instructions
- Becoming confused about time, people, and places

Mild Cognitive Impairment

Some older adults have a condition called mild cognitive impairment, or MCI, in which they have more memory or other thinking problems than other people their age.

People with MCI can take care of themselves and do their normal activities. MCI may be an early sign of Alzheimer's, but not everyone with MCI will develop Alzheimer's disease.

Signs of MCI include:

- Losing things often
- Forgetting to go to important events or appointments
- Having more trouble coming up with desired words than other people of the same age

If you have MCI, visit your doctor every 6 to 12 months to see if you have any changes in memory and other

thinking skills over time. There may be things you can do to maintain your memory and mental skills. No medications have been approved to treat MCI.

Dementia and Aging

Dementia is the loss of cognitive functioning—thinking, remembering, learning and reasoning—and behavioral abilities to such an extent that it interferes with daily life and activities. Memory loss, though common, is not the only sign. A person may also have problems with language skills, visual perception, or paying attention. Some people have personality changes. Dementia is not a normal part of aging.

There are different forms of dementia. Alzheimer's disease is the most common form in people over age 65. The chart below explains some differences between normal signs of aging and Alzheimer's disease.

When to Visit the Doctor for Memory Loss

If you, a family member, or friend has problems remembering recent events or thinking clearly, talk with a doctor. He or she may suggest a thorough checkup to see what might be causing the symptoms. The annual Medicare wellness visit includes an assessment for cognitive impairment. This visit is

covered by Medicare for patients who have had Medicare Part B insurance for at least 1 year.

Memory and other thinking problems have many possible causes, including depression, an infection, or a medication side effect. Sometimes, the

problem can be treated, and the thinking problems disappear. Other times, the problem is a brain disorder, such as Alzheimer's disease, which cannot be reversed. Finding the cause of the problems is important to determine the best course of action.

SENIORS AND DEBT

From the National Council on Aging 2018

Debt is a major obstacle to the financial well-being of older adults in the United States, particularly those who experience poor health or economic insecurity. Living on a fixed income can make it difficult to budget adequately to leave a cushion for emergencies. As such, unexpected costs—an unforeseen hospitalization, a vehicle requiring repair, or even emergency veterinary care for a sick pet—can plunge seniors into unmanageable debt.

In May 2015, the National Council on Aging (NCOA) surveyed aging network professionals on their clients' debt, and how it impacts these clients' economic security. These professionals represented a cross-section of state and community organizations that serve older adults, including senior centers, State Health Insurance Assistance Programs, Area Agencies on Aging, and housing

counseling agencies, among others. Seventy-two professionals responded to the survey. The survey respondents indicated that they most frequently encounter clients with significant or unmanageable medical, credit card, mortgage, and utility debt or missed payments

Over half indicated that medical debt was the most significant barrier to the economic wellbeing of seniors, while nearly 20% said that missed utility payments were the biggest problem. Household borrowing in the United States has increased exponentially in the past few decades, while real compensation has remained stagnant. Senior households have been far from immune to this alarming trend.

According to the Survey of Consumer Finances—a cross-sectional survey of U.S. families conducted by the Federal Reserve Board—the percentage of

households headed by an adult age 65 or over with any debt increased from 41.5% in 1992 to 51.9% in 2010 to 60% in 2016. Among older adult households with debt, the survey found that:

- Median total debt increased from \$7,250 in 1989 (in 2016 dollars) to \$25,700 in 2004, peaking at \$41,500 in 2010, and decreasing to \$33,000 in 2013 and \$31,300 in 2016
- In 2016, about 1 in 33 senior households (or nearly 3%) had a negative net worth.

Revolving consumer debt burdens also have risen considerably in the past 10–15 years. In 2001, only 24.2% of senior households held credit card balances. By 2016, 34.2% did. At the same time, the median balance held by these households increased from \$1,150 to \$2,300 (2016 dollars).

In 2016, according to the U.S. Census American Community Survey, 22.1% of senior households were renters, for whom the median rent was \$814.² The remaining seniors owned their homes either free and clear or with a mortgage. According to the Survey of Consumer Finances, 29.2% of senior households owed money on a mortgage, home equity line of credit, or both. Of these, the median money owed was \$68,500 in 2016.

In 2016, 1.6% of senior households reported taking payday loans. Numerous studies have found that payday loans are often used by families with very low incomes and

can trap families in circles of debt with exorbitant fees.

Though households headed by adults younger than age 60 have payday loan rates three times higher than older adult-headed households, the data reveal a growing and disturbing trend in predatory lending practices to older adults.

In order to make ends meet when dealing with debt, seniors often make trade-offs that may save money in the short term but can also be harmful to their health or finances. In its survey of aging network professionals, NCOA asked whether these professionals encounter older adults who make certain kinds of trade-offs to manage their debt.

In their regular (more than once per month) encounters with older clients:

- 23.4% regularly encounter seniors forgoing needed home or vehicle repairs
- 14.9% regularly encounter seniors cutting pills
- 14.9% regularly encounter seniors avoiding social engagements
- 14.5% regularly encounter seniors skipping medical appointments
- 14.5% regularly encounter seniors missing rent or mortgage payments
- 13.7% regularly encounter seniors skipping meals

In the long term, resorting to these trade-offs is likely to have a harmful effect upon seniors' physical and financial well-being.

For instance, time release pills are no longer effective after they are split, and for some medications, small deviations in dosage can have serious consequences. Skipping meals can lead to nutrient deficiencies and may lower the efficacy of medications. Forgoing needed repairs to homes or vehicles may increase the risk of accidents or falls—the leading cause of fatal and non-fatal injuries among seniors—and missing rent or mortgage payments may lead to eviction or foreclosure and homelessness.

People whose financial circumstances lead them to make these kinds of debilitating trade-offs may not be aware of the wide range of tools available to assist them. NCOA's EconomicCheckUp® is a free online service to help older adults improve their economic security. The site helps older adults reduce debt, find work, cut spending, and learn about using their home equity. Learn more at EconomicCheckUp.org. Numerous public and private benefits programs can help low-income older adults pay for health care, housing, food, transportation, and other expenses, thereby freeing up income that can be used to pay down debt. Among the most common public benefits available to this population are the Medicare Savings Programs, Part D Low Income Subsidy (Extra Help),

Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and Low-Income Home Energy Assistance Program (LIHEAP).

These programs remain undersubscribed by older adults, and yet collectively are estimated to offer savings worth more than \$12,000 (in 2016), an amount that would double the income of a person living at the federal poverty level. Other federal, state, and local benefits are available, including those run by pharmaceutical companies, transportation authorities, and energy companies. NCOA's BenefitsCheckUp® is the nation's most comprehensive free, online service to screen seniors with limited income for benefits. It includes more than 2,500 public and private benefits programs from all 50 states and the District of Columbia. Learn more at BenefitsCheckUp.org.

A critical element of managing one's financial life is learning how not to be the victim of financial exploitation. As part of its comprehensive economic casework with older adults, NCOA has developed tips on how to avoid scams and fraud, and what to do if you or someone you know suspects they have been a victim of financial abuse. Professionals working with older adults can use the Savvy Saving Seniors® educational program to help older adults learn how to budget, avoid scams, apply for benefits, and manage

prepaid debit cards, so they can stay secure and independent. Learn more at ncoa.org/SavvySeniors.

For those older adults who want or need to remain in the workforce, finding a new job may be challenging, especially if they have been out of the labor force. The Senior Community Service Employment Program (SCSEP), funded through the U.S. Department of Labor, can help provide some extra income to build assets and pay off debts.

SCSEP matches low-income older adults aged 55+ with job training, employment search services, and on-the-job experience working in

community service organizations; for most, it leads to permanent employment. Learn more at ncoa.org/SCSEP. Debt counseling, pro bono legal services, and other forms of financial assistance may be available to older adults in your area.

Find out more about these resources by contacting your local Area Agency on Aging or Aging and Disability Resource Center. The Eldercare Locator (www.eldercare.gov) is a free tool from the United States Administration for Community Living which provides contact information for these services based on geographical location.

10 MOST COMMON MONEY LEAKS: PLUG THEM NOW!

From Money Magazine 2018

Most of the initial stages on the road to wealth involve making sure that you're moving forward, not slipping backward.

Unfortunately, many of us are too consumed by day-to-day life to focus on the countless instances of small-scale back-sliding: completely unnecessary waste, extra money we could have if we just reached for it, fees we could avoid if we just made a

little effort. The stupid easy stuff, in other words.

What follows is a list of 10 common financial leaks — by no means an exhaustive list, but a good starting point — and strategies for plugging them.

1. Your savings barely earns interest. The average money market fund pays next to nothing — 0.12% as of March 2013 — yet savers still leave

loads of money in them. With a little shopping around, you'll see that many institutions pay close to 1%, which can earn \$100 a year on every \$10,000 in savings.

2. You don't admit your money mistakes. This one has broad application, but let's focus on a really common one: You haven't been to the gym in months, but you don't cancel your membership because doing so would mean acknowledging that you made a mistake — and that you won't get back the money you already wasted. Continuing that unused membership can cost \$500 to \$1,000 a year.

3. You waste your flexible spending dollars. A third of FSA account holders let their hard-earned dollars go unspent each year — at a cost of \$120 a year on average. To use up funds by the Dec. 31 or March 15 deadline (check with your firm), buy a spare pair of glasses or stock up on staples like bandages. You'll need a prescription to get reimbursed for most OTC meds, which your doctor can fax to the pharmacy.

4. You leave your heat and AC running for no reason. Using a programmable thermostat to adjust

your home's temperature — it can lower the heat at night and when you're at work, for example — could

shave 5% to 15% off your heating and cooling bills. What's more, about half of households with a programmable thermostat fail to use that feature.

5. You pay your bank to hold your money. Americans spend \$7 billion on bank fees each year. But many banks will waive their monthly checking account fee if you set up direct deposit from your employer.

6. You pay your fund manager for making too many trades. Mutual funds that replace their holdings the most frequently have only a 31% chance of outperforming the market, says Russel Kinnel, director of mutual fund research at Morningstar: "You're better off steering clear."

The brokerage and other costs that managers ring up by moving in and out of stocks on a regular basis don't show up in the expense ratio. So check your fund's turnover rate at Morningstar.com or in the prospectus. If the entire fund turns over 1 1/2 times (150%) or more a year, it's too much.

7. You pay your fund company too much for doing almost nothing. Running a passively managed broad index fund requires relatively little human input, so the "expense ratio" you pay on such funds should be tiny. Yet, the difference in cost between the lowest- and highest-priced index funds can be nearly one percentage point — or close to \$1,000 a year for every \$100,000 you invest.

8. You spend more on your car than it's worth. Once your car is 10 years old, the cost of repairing it after an accident is very likely more than the car is worth, says Philip Reed of Edmunds.com. Dropping collision coverage for your wheels and covering just injury and property damage could save up to 40%.

9. You pay too much for auto insurance. Drivers who have stayed with the same insurer for more than

eight years could save 19% by switching, according to a recent study. Yet, 75% of policyholders automatically renew without getting a new quote.

10. You don't bundle your insurance policies. Insuring your home and auto with a single company can save up to 25% per year, says Alec Gutierrez of Kelly Blue Book. That's \$300 a year for a typical home and auto policy.

SIX TRICKS FOR WEIGHT LOSS THAT HAVE NOTHING TO DO WITH DIETING

BY LAUREN KROUSE, MYFITNESSPLAN
2019

“Diet” can be a dirty word: “When most people think about losing weight and dieting, the common themes are small portions, diet versions of foods, off-limits desserts and feelings of misery and guilt,” says Maggy Doherty, RD, owner of Doherty Nutrition.

But shedding pounds doesn't have to be all about restrictions. In fact, there's plenty you can add to your life to support weight loss, including filling foods, simple fitness tweaks and more movement throughout the day. In this spirit, here are six tricks to make

your weight-loss journey easier and more enjoyable, without a restrictive diet:

1. MAKE A LIST OF YOUR MOTIVATIONS

“Using the scale as your only motivator can be disappointing at times, as we don't always lose weight as fast as we hope to,” says Audra Wilson, RD, bariatric dietitian and certified strength and conditioning coach at the Northwestern Medicine Metabolic Health and Surgical Weight Loss Center at Delnor Hospital. To keep your weight-loss motivation

going strong, create a list of reasons why you want to lose weight, like being healthy for your family and boosting your stamina to do something you've never done before. "When the going gets tough and you reach a weight-loss plateau (which isn't necessarily a bad thing), having a list of what set you out on this journey to begin with will help you break through," says Wilson.

2. CREATE A WEEKLY MEAL PLAN

One of the biggest reasons people fail to stick to their healthy eating plan is that they are not prepared," says Ryan Maciel, RD, a certified strength and conditioning specialist. Set aside a designated time each week to create a meal plan. Sit down, brainstorm recipe ideas and make your grocery list. At the grocery store, opt for pre-cut veggies and protein to speed up meal prep, suggests Maciel. You can also opt for a meal kit subscription or consult a nutritionist for help getting started

3. DRINK BEFORE YOU EAT

"A useful trick anyone can use is drinking a glass or two of water 10 minutes before eating a meal," says Elliott Upton, a certified personal trainer at Ultimate Performance. This way, you won't mistake thirst for hunger, and in general, proper

hydration supports weight loss. "Drinking enough water will help you feel full, stave off hunger and keep you from overeating," explains Upton. A great way to make sure you're getting enough water is to track it with an app like MyFitnessPal. Don't forget to keep a water bottle on-hand to refill regularly.

4. INCREASE YOUR NEAT

NEAT (aka non-exercise activity thermogenesis) activities encompass everything you're doing when you're *not* eating, sleeping or sweating it out at the gym. Think: taking the stairs, playing with your kids, cleaning the house, raking the leaves and even fidgeting. If you have a desk job, "use the bathroom on another floor of your building or go to another co-worker's office instead of sending an email — every step counts," says Wilson.

"NEAT can be game-changing when it comes to weight loss. The calories you burn can be the difference between calorie maintenance (remaining the same weight) or calorie deficit (the condition you need to lose weight)," adds Upton.

5. BRUSH YOUR TEETH AFTER DINNER

"Move your tooth-brushing routine from right before bed to right after

your final meal,” suggests Dani Singer, certified personal trainer and director of Fit2Go Personal Training in Baltimore, Maryland. “This is perfect for anyone with a habit of late-night snacking. By making a habit inconvenient (having to re-brush your teeth), you’re less likely to perform it (aka you won’t wander back to the pantry).”

6. SET A SPECIFIC BEDTIME

The sleep-weight connection is clear: If you don’t get enough quality shut-eye, it negatively affects appetite-controlling hormones, fueling daytime

hunger and overeating. For this reason, “optimizing sleep quality and duration needs to be a cornerstone of any weight-loss program,” says Upton.

The trick is to schedule a non-negotiable bedtime to ensure you get at least 7–8 hours of sleep. Before you settle in, prime your sleep environment by cooling your bedroom (the optimal temperature is 60–67°F, or about 16–19°C), using blackout shades and putting away your phone, laptop and any other artificial light sources.

FOUR THINGS OLDER AMERICANS CAN DO ABOUT DEBT COLLECTION PROBLEMS

By Nora Dowd Eisenhower

Consumer Finance Protection Bureau 2014

If you’re an older American and you’re having trouble with debt collectors, you’re not alone. Since July 2013, older Americans have submitted approximately 8,700 complaints to us about debt collection.

We looked at these complaints and described the most common problems that consumers are experiencing in our profile of debt collection complaints submitted by older consumers.

People’s complaints often express grief, confusion, and frustration regarding the collection of medical

debt, debt of deceased family members, and even suspicious calls from individuals who claim to be collectors.

Here’s what you or your loved ones can do when experiencing debt collection problems:

1. Get more information if you don’t recognize the debt

Older consumers report that debt collectors may have inaccurate or inadequate information, and

sometimes don't provide sufficient information to help them identify the debt. Almost one-third of the older consumers who submitted a complaint couldn't identify the debt being collected.

First things first! Ask the debt collector for the company's name and address. If the debt collector refuses to give you this information, you may be dealing with a fraud. If you think that a caller may be a fake debt collector, ask the caller for his or her name, company, street address, telephone number, and professional license number.

If you have the company's name and address but you don't recognize the debt, ask for more information in writing.

Send this letter as soon as you can — if at all possible, within 30 days of when a debt collector contacts you the first time about a debt.

2. Dispute the debt if it's not yours or if the amount is wrong

You can write a letter disputing the debt or any portion of the debt. It's important to do so as soon as possible after you're first contacted, and to keep copies of any letters you send.

If you dispute a debt (or part of a debt) in writing within 30 days of when you receive the required information from the debt collector, the debt collector cannot call or contact you until after the debt collector has obtained verification of the debt and has

provided the verification of the debt in writing to you.

3. Stop harassing and/or offensive calls

Older consumers told us that debt collectors sometimes refuse to take "No" for an answer, reporting in their complaints that collectors often use offensive language and make threats. To one extreme, we've also heard about collectors making successive calls using profanity or derogatory names.

You don't have to put up with it. You can send a letter to the debt collector telling it to stop contacting you. If you dispute the amount due, or you don't believe that it's your debt, put that in the letter, too.

Telling a debt collector to stop contacting you does not stop the collection, including the filing of a lawsuit against you or reporting negative information to a credit reporting company.

4. Know your rights: Your federal benefits have many protections from garnishment in collection

Many older consumers rely on Social Security or other federal benefits and frequently complained that debt collectors threatened them with garnishment of these benefits. Most federal benefits, such as Social Security, Veterans' (VA) benefits, and Supplemental Security Income (SSI) benefits, are protected in debt

collection. There are exceptions for, among other things, money owed in child support, spousal support, federal student loans, or for federal taxes.

When you receive federal benefits by direct deposit to your checking account, your bank or credit union is required automatically to protect up to two months of these benefits that are directly deposited into your account.

If you receive your benefits on a government issued prepaid card, they usually are protected, too.

Some exceptions may exist for debts owed to a federal or state agency. If you're not sure if your federal benefits are being wrongfully garnished, you should seek legal advice.

Here's how you can find a lawyer:

- Call your local legal aid office, where you may qualify for free legal services
- Call your local senior legal helpline where seniors can get free legal advice and assistance
- Call the attorney referral hotline offered by Florida or local legal aid office.

IF YOU'RE OVER 65, THE MEDITERRANEAN DIET CAN LOWER MORTALITY RISK BY 25%

By Healthline 2018

Recent research shows the Mediterranean diet is a healthy choice for adults at any age.

Even if you're in your golden years, it's never too late to consider changing your diet.

Nutritionists have touted the benefits of the Mediterranean diet for years, and new research suggests that it's beneficial for adults of any age.

The Mediterranean diet was associated with lower all-cause mortality and prolonged survival in elderly people, according to a study published this month in the British Journal of Nutrition.

"We already knew that the Mediterranean diet is able to reduce the risk of mortality in the general population, but we did not know whether it would be the same specifically for elderly people," said Marialaura Bonaccio, PhD, researcher at the Department of Epidemiology and Prevention, and first author of the study Italian Istituto Neurologico Mediterraneo Neuromed (Institute for Research, Hospitalization, and Health Care). But it does appear to do exactly that.

Bonaccio and her team found that adherence to a Mediterranean diet resulted in a 25 percent lower risk of mortality of all-cause death in a large sample of elderly individuals. Additionally, through a meta-analysis of seven other studies on the Mediterranean diet, they found that the closer individuals followed the diet, the greater the health payoff.

To reach these conclusions, researchers took a two-pronged approach in their study: Designing their own prospective study of the elderly and the Mediterranean diet based on data from the Moli-sani study, an Italian population cohort study established between 2005 and 2010. They also conducted a meta-analysis of seven other studies that looked at the effects of the Mediterranean diet in elderly populations.

For their own prospective study, they recruited a cohort of more than five-thousand individuals age 65 or older in southern Italy, and followed up with these individuals for up to eight years, on average.

Members of this cohort had their general health assessed, including activity level, cholesterol, BMI, smoking status, and blood pressure. Using a Mediterranean diet score developed by researchers in 2003, researchers assessed how closely individuals adhered to the Mediterranean diet from 0 to 9, with 0

being the least adherent, and 9 being the most.

Elderly people who adhered more closely to the diet had better cardiovascular health, and their risk of death from cardiovascular disease was reduced.

A single point increase using the Mediterranean diet scale was associated with a five percent reduction in risk of death.

“The Mediterranean diet lowers overall mortality risk in a dose-response, progressive way. In other words, the more you follow the Mediterranean diet, the greater the gain in terms of mortality risk reduction,” said Bonaccio.

The traditional Mediterranean diet is characterized by a high intake of fruits, vegetables, and legumes; primarily unrefined grains; a high intake of monounsaturated fat (from extra virgin olive oil); a moderately high intake of fish; low consumption of red meat, poultry, and sugar; moderate dairy consumption — typically cheese and yogurt; and a moderate intake of ethanol (in the form of wine). However, because the diet is consumed by different peoples and cultures throughout the Mediterranean region, there is a significant variety in the individual components of the diet that are consumed.

What’s clear is that despite these differences, there is a general benefit to

the diet that is greater than the sum of its individual parts.

And Americans could learn a thing or two from it when it comes to eating healthy. “I recommend it all the time and feel it’s one of the more perfect diets available amongst a lot of diets that are not always easy to sustain. It allows healthy carbs (many diets drastically limit carbs and that can be tough for some people) as well as healthy fats and animal protein in the form of fish and chicken,” Kristin Kirkpatrick, a licensed, registered dietitian, who is a wellness manager at the Cleveland Clinic Wellness Institute, told Healthline.

She does, however, caution that some older individuals may need more protein in their diet than is typically found in the Mediterranean diet in order to preserve muscle mass and keep from wasting.

Both Kirkpatrick and Bonaccio also say that the Mediterranean diet is about more than just changing the foods you eat: It has greater cultural implications such as portioning and lifestyle that individuals living outside of

Mediterranean areas may not recognize.

“Mediterranean diet is not just a shopping list of foods,” said Bonaccio. It also includes, “things like sharing foods (conviviality), seasonality, and ways of combining foods. As an example, a typical Mediterranean way of eating pasta is with legumes or vegetables.”

Individuals who are interested in making some changes in their diet inspired by the Mediterranean, can checkout Healthline’s own meal plan ideas, which have some great recipes for things like zucchini blossoms with bulgar, or grilled fish in saffron sauce.

“For starters, just start getting more color in your diet. That means a lot more fruit and vegetables. This is key,” said Kirkpatrick, “Then swap some of your more snack options (like pretzels, chips, et cetera) for nuts and olives, and then, finally, give the red meat a break for wild fatty fish and lean skinless poultry. I think these are truly huge steps towards improving health.”

THE COST OF HEARING AIDS

Note The High Markup

From MD Hearing Aid online 2019

By Doug Breaker

What is the cost of hearing aids?

So, you've gone to get your hearing checked. You visited an audiologist or a hearing clinic and they performed the various tone tests. They started going through your results and confirmed what you suspected ... your hearing has started to decline.

The hearing specialist suggests investing in hearing aids not only so you can hear clearly now, but also to help maintain your hearing for the next part of your life. You start getting excited to finally hear better again. But then the audiologist presents your in-store options, and sticker shock hits you in the face. Their cost of hearing aids is really expensive. The fact is, the average hearing aid prices are around \$4,600 a pair!

Suddenly you aren't so sure you should buy hearing aids after all.

Why is the cost of hearing aids so high?

The absurdly high hearing aid prices are directly connected to the manufacturers. There are only six major hearing aid manufacturers and they have controlled the market for decades. While some of the manufacturer wholesale price is to

offset paying their employees, as well as ongoing funds to research and development, they're also able to set the wholesale prices high because they know their competitor manufacturers are setting their rates just as high.

After the manufacturers' markup, the retailers (i.e., the audiologist offices and hearing clinics) then have to raise the price further to offset the cost of the on-staff audiologist or other hearing specialists for fitting and maintenance, as well as the overhead cost of the brick-and-mortar clinic. According to Consumer Reports, the average hearing aid retail markup is 117 percent!

The cost of hearing aids gets even more complicated when you factor in your insurance options.

Does Medicare cover hearing aids?

The large majority of Medicare plans and insurance plans do not cover hearing aid purchases. Some plans cover (or partially cover) hearing tests, but many don't cover hearing health appointments at all. It's important to check your own personal Medicare coverage to see what is covered under your specific plan, but this lack of

financial aid on top of the outrageous hearing aid prices makes the cost of hearing aids a seemingly unconquerable hurdle for many Americans.

The Consequences of Avoiding Hearing Aids

There are so many barriers in the hearing aid buying process, and it's really easy for people to finally decide it's not worth it to jump over those hurdles! When hearing aid prices seem so expensive and such a hassle, of course you'd get frustrated. Too many people with hearing loss throw their hands up and decide they can simply make do without hearing aids after all. But they don't realize just how connected untreated hearing loss is to other health complications.

Hearing loss has ties to other serious health issues, including cognitive decline, social isolation, and risk of imbalance and falling. There are also safety concerns of not being able to hear home intruders, alarms, or emergency vehicle sirens. Simply "making due without hearing aids" can become more and more dangerous as your hearing continues to decline.

Affordable Hearing Aid Prices Online

For decades, people with hearing loss only had one option for buying hearing aids. They could only go to audiologists and hearing clinics, both

having the same high hearing aid prices. Luckily, there are modern ways to buy hearing aids that aren't marked up like the ones in brick-and-mortar retailers.

That's where MDHearingAid comes in. MDHearingAid was founded by an ear, nose, and throat doctor determined to create a better way for patients to get high quality hearing aids within their budget. We sell directly to our customer.

By taking the expensive storefronts and unnecessary extra appointments out of the equation, we're able to keep our hearing aid prices much lower than the hearing clinics and still offer free shipping.

We also offer complimentary email and phone support by our in-house audiologist and hearing aid specialists.

Order from the comfort of your home — you can pick out your hearing aid on our website or by phone. Your hearing aids will be delivered to your doorstep typically within 3–7 business days.

Do What Works Best for You

Now, just because MDHearingAid offers affordable online hearing aids doesn't mean you should necessarily skip the audiologist appointment completely. If you're concerned about hearing loss and haven't been professionally tested, it's a really good

idea to get a hearing test. They can determine just how serious your hearing loss is or if it's just a simple matter of ear blockage instead of permanent damage. That said, know your options. You have the right to shop around for a better hearing aid price after your hearing test. In fact, MDHearingAid's audiologist can evaluate your hearing test and

provide advice on which hearing aid would be the best fit for you.

You have no obligation to buy your hearing aids from where you had your hearing test done. When hearing aid prices are so high at the clinics (and direct-to-consumer companies like MDHearingAid are offering great hearing aids for a fraction of the price), you owe it to yourself to weigh your options.

BEST BRAIN FOODS TO PREVENT COGNITIVE DECLINE IN ELDERLY

From Comfort Home Care, 2018

Food provides seniors with the nutrients and energy required for good health. While eating well is important at any age, it is especially beneficial in your later years due to rising health

concerns and physical limitations. A decline in cognitive function is also common among the elderly. Certain areas of the brain may shrink and communication between neurons is reduced.

Seniors may also experience decreased blood flow to the brain and inflammation associated with injury or disease. As the brain controls your everyday tasks, it is vital to make the necessary changes to boost cognitive function.

The right nutrients can have a positive impact on brain health. Eating healthy foods from a variety of sources can fuel the brain and help deter issues such as fogginess, memory problems, and confusion. Referred to as "brain foods," these delicious ingredients and meal options can fill nutritional gaps in your diet while providing extra nutrients that many older adults need to thrive. Check out the best brain foods for the elderly and how they can help boost memory and brain function over time.

1. Salmon

Low levels of omega-3 fatty acids in the blood have been linked to declining mental function and a smaller brain volume. Salmon, in addition to other

cold-water fishes like halibut, tuna, and sardines, contain high amounts of omega-3 fatty acids such as docosahexaenoic acid (DHA). As one of the most common fatty acids in the brain, DHA helps the brain function more clearly and efficiently. What is another major perk of adding salmon to your diet? The tasty fish also reduces the risk of cardiovascular disease. Slow down mental degradation by substituting salmon for another type of meat two to three times a week. Meat and fish are some of the most crucial brain foods for the elderly.

2. Berries

Not only are they delicious, but berries provide an ample source of nutrients for better brain function. Darker berries, such as blueberries, blackberries, and cherries, are especially beneficial. Berries are a rich source of anthocyanins and other advantageous flavonoids that have been found effective in boosting memory. Add a handful of berries to your cereal or eat as a stand-alone snack three times a week. While fresh berries are often best in terms of nutrition, you can also enjoy dried and frozen berries if they are more convenient for your lifestyle.

3. Avocados

With their buttery flavor and creamy texture, avocado is a popular

ingredient in many salads, breakfast foods, side dishes, and especially brain foods for the elderly. When added to your weekly diet, avocados can help keep the brain strong and healthy. Avocados are packed with monounsaturated fats, a healthy type of fat that improves cognitive function. They also contain vitamin K and folate, which have been found effective in preventing blood clots in the brain while lowering the risk of stroke. Avocados also contain vitamins B and C which help protect the brain from oxidative stress. Unless you are trying to gain weight, stick with one to two servings of avocado two to four times a week.

4. Coffee

If you already start your mornings off with a hot cup of coffee, you are off to a good start. Coffee contains two main ingredients that can be beneficial to the brain: antioxidants and caffeine.

Drinking coffee over an extended period of time has been found to ward off certain neurological diseases, such as Alzheimer's and Parkinson's. The caffeine present in coffee also has a number of beneficial impacts, such as increased awareness, improved mood, and sharpened concentration. However, too much of anything can have a negative impact on your health. Drink up to two cups of coffee a day to reap the health perks.

5. Walnuts

Looking for a healthy snack to replace sugary alternatives? Consider a handful of tasty walnuts. Walnuts are rich in vitamin E, which are known to trap free radicals that can cause significant damage to brain cells. Research has found that people who eat foods with higher levels of vitamin E had a lower risk of developing Alzheimer's disease. Walnuts also contain high amounts of other essential nutrients needed for good brain health, including biotin, copper, manganese, and omega-3 fats.

6. Greek Yogurt

It is common for adults to eat less meat as they reach their senior years. However, with the loss of meat sources comes a decline in protein intake. Protein is a critical macronutrient that helps preserve muscle mass in the body. As muscle mass too decreases as you age, it is more important than ever to find alternative sources of protein to fill the nutritional gaps. Current recommendations state that seniors should consume 0.8 grams of protein per kilogram of body weight per day. Dairy is one of the best sources of protein. One of the more frequently consumed brain foods for the elderly, creamy Greek yogurt is low in sugar, high in protein, and is available in a

wide selection of yummy flavors.

7. Broccoli

You already know that eating your veggies is crucial for good health. However, not all vegetables are made equal. Broccoli, in particular, is packed with powerful plant compounds like antioxidants that help lower your risk of infections and certain types of cancer. Broccoli also delivers more than 100 percent of your recommended daily intake of vitamin K in just one serving. Vitamin K is a fat-soluble vitamin that is used by the body to form sphingolipids, a form of fat found densely packed into brain cells.

Add broccoli, one of the most important brain foods for the elderly, to your recommended 2.5 cups of vegetables each day. As you age, your nutritional needs, food habits, and appetite begin to change. Maintaining a well-balanced diet is an essential part of staying strong and healthy. Choosing nutrient-rich foods also has a positive impact on your brain function and cognitive skills. To ensure that you are getting the vitamins and minerals you need to thrive, incorporate superfoods into your diet. From salmon to broccoli, there are tasty and nutritious options in all food groups to enjoy.

HOW CAN YOU AVOID AGE-RELATED MUSCLE LOSS?

It's common — but you can do something about it

From HealthEssentials 2019

If you're over 50 and don't feel as strong as you used to or don't have as much stamina as you once did, it's not surprising. Just like bone density decreases with age, we also lose muscle mass. The decline in skeletal muscle, a condition called sarcopenia, is a natural process that occurs in everyone over time. It can lead to frailty and increased risk for falls and loss of independence. "Fortunately, we can do something about it," says physical therapist Gary Calabrese, DPT.

Understanding an imbalance

Muscle loss occurs because of an imbalance between two neurological signals involved in muscle growth. A catabolic response sends a signal to reduce the size of muscle, while an anabolic response sends a signal to build up muscle. A stronger catabolic response means less muscle is built.

Most experts agree that the imbalance that leads to muscle loss begins around age 50, although some studies suggest it might start earlier. "This will affect everybody by the age of 75," Calabrese says. An active lifestyle accelerates the process. "Younger adulthood and middle age is when you want to get a

jump on this to preserve muscle strength over time," Calabrese says. Even if you didn't start early, it's not too late.

No matter how old you are, you can combat sarcopenia. Exercise builds strength, but nutrition is just as important.

The role of nutrition

"You can't just exercise and not eat properly, and you can't just eat properly and not exercise," Calabrese says. Eating protein-rich foods to help build muscle is the key.

"To build muscle, you need 0.45 gram of protein per pound of body weight," Calabrese says. For example, a person weighing 140 pounds should eat 63 grams of protein a day (140×0.45). Good sources are milk, cheese, eggs, poultry, fish, peanuts and beans.

Protein is critical, but you also need carbohydrates, which is the energy source your body uses to be able to exercise. Middle- and older-age adults should not be on a low-carbohydrate diet. But be sure to choose healthy carbohydrates. Vegetables, fruits and

whole grains are preferable to highly processed foods. Whole, fresh foods also have vitamins and other nutrients your body needs.

And don't forget about exercise ...

"The best way to limit the extent of loss of muscle strength is by staying physically active all through life," says Calabrese. "But if you've been sedentary and have lost strength, the answer is still exercise."

A combination of aerobic and strength-training exercises will improve muscle health, as well as overall health. If you haven't been very

active and are just beginning to exercise, go slow. "Don't do too much too soon," says Calabrese.

Start by consulting an expert, such as a physical therapist or exercise physiologist. This professional will not only teach you the correct exercises but will put together a program with the right sequence and progression of exercises to get the best results.

You need a well-rounded program that will strengthen all of your muscles, starting with the large muscle groups. Calabrese emphasizes that it's important to be patient. It can take six to eight weeks to see results.

SENIORS AND HIGH BLOOD PRESSURE

From National Institute of Health 2020

You can have high blood pressure, or hypertension, and still feel just fine. That's because high blood pressure often does not cause signs of illness that you can see or feel. But, high blood pressure, sometimes called "the silent killer," is very common in older people and a major health problem. If high blood pressure isn't controlled with lifestyle changes and medicine, it can lead to stroke, heart disease, eye problems, kidney failure, and other health problems. High blood pressure can also cause shortness of breath

during light physical activity or exercise.

What Is Blood Pressure?

Blood pressure is the force of blood pushing against the walls of arteries. When the doctor measures your blood pressure, the results are given in two numbers. The first number, called systolic blood pressure, is the pressure caused by your heart contracting and pushing out blood. The second number, called diastolic blood pressure, is the pressure when your

heart relaxes and fills with blood. Your blood pressure reading is usually given as the systolic blood pressure number over the diastolic blood pressure number, such as 138/72. Normal blood pressure for adults is defined as a systolic pressure of less than 120 and a diastolic pressure of less than 80. This is stated as 120/80.

Do I Have High Blood Pressure?

One reason to visit your doctor regularly is to have your blood pressure checked. Routine checks of your blood pressure will help pick up an early rise in blood pressure, even though you might feel fine. If there's an indication that your blood pressure is high at two or more checkups, the doctor may ask you to check your blood pressure at home at different times of the day. If the pressure stays high, even when you are relaxed, the doctor may suggest exercise, changes in your diet, and, most likely, medications.

What is considered high blood pressure for older adults?

Recent updates to guidelines from the American Heart Association and the American College of Cardiology changed the definition of high blood pressure or hypertension for most people. High blood pressure is now generally defined as 130 or higher for the first number, or 80 or higher for the second number (previously it was 140/90). However, there are important

considerations for older adults in deciding whether to start treatment for high blood pressure, including other health conditions and overall fitness. If your blood pressure is above 130/80, your doctor will evaluate your health to determine what treatment is needed to balance risks and benefits in your particular situation.

What if Just the First Blood Pressure Number Is High?

For older people, often the first number (systolic) is 130 or higher, but the second number (diastolic) is less than 80. This problem is called isolated systolic hypertension, which is due to age-related stiffening of the major arteries. It is the most common form of high blood pressure in older people and can lead to serious health problems (stroke, heart disease, eye problems, and kidney failure) in addition to shortness of breath during light physical activity, lightheadedness upon standing too fast, and falls.

Isolated systolic hypertension is treated in the same way as regular high blood pressure (130 or higher for the first number, or 80 or higher for the second number) but may require more than one type of blood pressure medication. If your doctor determines that your systolic pressure is above a normal level for your age, ask how you can lower it.

What if My Blood Pressure Is Low?

If your blood pressure is lower than 90/60, you have low blood pressure, or hypotension. You may feel lightheaded, weak, dizzy, or even faint. Low blood pressure can be caused by not drinking enough liquids (dehydration), blood loss, some medical conditions, or too much medication.

Some High Blood Pressure Risks You Can't Change

Anyone can get high blood pressure. But some people have a greater chance of having it because of things they can't change. These are:

- **Age.** The chance of having high blood pressure increases as you get older.
- **Gender.** Before age 55, men have a greater chance of having high blood pressure. Women are more likely to have high blood pressure after menopause.
- **Family history.** High blood pressure tends to run in some families.
- **Race.** African Americans are at increased risk for high blood pressure.

How Can I Control My Blood Pressure?

High blood pressure is very common in older people. As we age, our vascular system changes. Arteries get

stiffer, so blood pressure goes up. This is true even for people who have heart-healthy habits. The good news is that blood pressure can be controlled in most people.

There are many lifestyle changes you can make to lower your risk of high blood pressure:

- **Keep a healthy weight.** Being overweight adds to your risk of high blood pressure. Ask your doctor if you need to lose weight.
- **Exercise every day.** Moderate exercise can lower your risk of high blood pressure. Set some goals so you can exercise safely and work your way up to exercising at least 30 minutes a day most days of the week. Check with your doctor before starting an exercise plan if you have any health problems that are not being treated.
- **Eat a healthy diet.** A diet rich in fruits, vegetables, whole grains, and low-fat dairy products may help to lower blood pressure.
- **Cut down on salt.** As you get older, the body and blood pressure become more sensitive to salt (sodium), so you may need to watch how much salt is in your diet. Most of the salt comes from processed foods (for example, soup and baked goods). A low-salt diet, such as

the DASH diet, might help lower your blood pressure. Talk with your doctor about eating less salt.

- **Drink less alcohol.** Drinking alcohol can affect your blood pressure. Men should not have more than two drinks a day and women no more than one a day to lower their risk of high blood pressure.
- **Don't smoke.** Smoking increases your risk for high blood pressure, heart disease, stroke, and other health problems. If you smoke, quit. You are never too old to quit, and the health benefits of quitting can be seen at any age.
- **Get a good night's sleep.** Tell your doctor if you've been told you snore or sound like you stop breathing for moments when you sleep. This may be a sign of a problem called sleep apnea. Treating sleep apnea and getting a good night's sleep can help to lower blood pressure.
- **Manage stress.** Relaxing and coping with problems can help lower high blood pressure.

If these lifestyle changes don't lower your blood pressure to a safe level, your doctor will also prescribe medicine. You may try several kinds or combinations of medicines before finding a plan that works best for you. Medicine can control your blood pressure, but it can't cure it. You will likely need to take medicine for the rest

of your life. Plan with your doctor how to manage your blood pressure.

High Blood Pressure Facts

High blood pressure is serious because it can lead to major health problems. Make a point of learning what blood pressure should be. And, remember:

- High blood pressure may not make you feel sick, but it is serious. See a doctor to treat it.
- You can lower your blood pressure by changing your day-to-day habits and by taking medicine, if needed.
- If you take high blood pressure medicine, making some lifestyle changes may help lower the dose you need.
- If you take blood pressure medicine and your blood pressure goes down, it means medicine and lifestyle changes are working. If another doctor asks if you have high blood pressure, the answer is, "Yes, but it is being treated."
- Tell your doctor about all the drugs you take. Don't forget to mention over-the-counter drugs, vitamins, and dietary supplements. They may affect your blood pressure. They also can change how well your blood pressure medicine works.
- Blood pressure pills should be taken at the same time each day. For example, take your

medicine in the morning with breakfast or in the evening after brushing your teeth. If you miss a dose, do not double the dose the next day.

- Don't take more of your blood pressure medicine than your doctor prescribes. Do not stop taking your medicine unless your doctor tells you to stop. Don't skip a day or take half a pill. Remember to refill your medicine before you run out of pills. If you cannot afford your medicines, talk with your doctor or pharmacist.
- Before having surgery, ask your doctor if you should take your blood pressure medicine on that day.
- Get up slowly from a seated or lying position and stand for a bit before walking. This lets your blood pressure adjust before walking to prevent dizziness, fainting, or a fall.
- As you get older, high blood pressure, especially isolated systolic hypertension, is more common and can increase your risk of serious health problems. Treatment, especially if you have other medical conditions, requires ongoing evaluation and discussions with your doctor to

strike the best balance of reducing risks and maintaining a good quality of life.

If your doctor asks you to take your blood pressure at home, keep in mind:

- There are many home blood pressure monitors for sale. Ask your doctor, nurse, or pharmacist which monitor you need and how to use it. Have your monitor checked at the doctor's office to make sure it works correctly.
- Avoid smoking, exercise, and caffeine 30 minutes before checking your blood pressure.
- Make sure you are sitting with your feet uncrossed and on the floor, and that your back is resting against something.
- Relax quietly for 5 minutes before checking your blood pressure.
- Keep a list of your blood pressure numbers, what time you measured your blood pressure, and when you took your blood pressure medication (if you take it). Share this information with your doctor, physician's assistant, or nurse.

7 HEALTH BENEFITS OF SUNLIGHT

Do you know how important it is to get a little sunshine?

From Selecthealth 2020

Scientifically, sunshine has a lot of benefits for our bodies. Here are seven great reasons to get outside and soak in the sun.

1. Improves your sleep

Your body creates a hormone called melatonin that is critical to helping you sleep. Because your body starts producing it when it's dark, you usually start to feel sleepy two hours after the sun sets, which is one of the reasons our bodies naturally stay up later in the summer.

Research indicates that an hour of natural light in the morning will help you sleep better. Sunshine regulates your circadian rhythm by telling your body when to increase and decrease your melatonin levels. So, the more daylight exposure you can get, the better your body will produce melatonin when it's time to go to sleep.

2. Reduces stress

Melatonin also lowers stress reactivity and being outside will help your body naturally regulate melatonin, which can help reduce your stress level. Additionally, because you're often doing something active when you're

outside (walking, playing, etc.), that extra exercise also helps to lower stress.

3. Maintains strong bones

One of the best (and easiest) ways to get vitamin D is by being outside. Our bodies produce vitamin D when exposed to sunlight—about 15 minutes in the sun a day is adequate if you're fair skinned. And since Vitamin D helps your body maintain calcium and prevents brittle, thin, or misshapen bones, soaking in sun may be just what the doctor ordered.

4. Helps keep the weight off

Getting outside for 30 minutes sometime between 8 a.m. and noon has been linked to weight loss. There, of course, could be other factors to this, but it seems there's a connection between sunlight in the early morning and weight loss.

5. Strengthens your immune system

Vitamin D is also critical for your immune system, and with consistent exposure to sunlight, you can help strengthen it. A healthy immune system can help reduce the risk of

illness, infections, some cancers, and mortality after surgery.

6. Fights off depression

It's not just in your head; there's a scientific reason being in the sunshine improves your mood.

Sunshine boosts your body's level of serotonin, which is a chemical that improves your mood and helps you stay calm and focused.

Increased exposure to natural light may help ease the symptoms of seasonal affective disorder--a change in mood that typically occurs in the fall and winter months when there are fewer hours of daylight.

7. Can give you a longer life

A study that followed 30,000 Swedish women revealed that those who spent more time in the sun lived six months to two years longer than those with less sun exposure. More research needs to be done in this area, but it's something scientists are continuing to study.

Of course, a little sunshine can go a long way (and too much is harmful for our skin). Depending on the shade of your skin, scientists estimate your body can produce vitamin D in about 5 to 30 minutes in the sun. If you're wearing sunscreen, you may not produce as much vitamin D. If you're outside for some much-needed vitamin D, don't expose bare skin longer than 5 to 30 minutes.

8 SURPRISING HEALTH BENEFITS OF GARDENING

From UNC Health Talk 2020

Planting flowers and vegetables can reap bountiful bouquets and delicious harvests for your dining table.

But did you know gardening also can do wonders for your well-being? Here are eight surprising health benefits of gardening.

1. Gardening can build self-esteem.

Maybe you don't think you were born with a green thumb, but after tilling, planting, nurturing and harvesting plants, you might see a slightly different person in the mirror: a person who can grow things and is a little more in tune with the earth.

It always feels good to accomplish new tasks, and if you can grow a garden, what can't you do?

2. Gardening is good for your heart.

All that digging, planting and weeding burns calories and strengthens your heart.

"There are physical benefits from doing the manual labor of gardening," says UNC Health internal medicine physician Robert Hutchins, MD, MPH. "It's hard work to garden, and it provides some cardiovascular benefit."

3. Gardening reduces stress.

Gardening can help reduce symptoms of depression and anxiety.

"Gardening gives you a chance to focus on something and put your mind to work with a goal and a task in mind," Dr. Hutchins says, "which is helpful especially now with so much illness and death and talk of death, just to see things growing and things thriving."

4. Gardening can make you happy.

Getting dirt under your nails while digging in the ground can make you pretty happy. In fact, inhaling *M. vaccae*, a healthy bacteria that lives in soil, can increase levels of serotonin and reduce anxiety.

5. Gardening can improve your hand strength.

All that digging, planting and pulling does more than produce plants.

Gardening also will increase your hand strength. What a great way to keep your hands and fingers as strong as possible for as long as possible.

6. Gardening is good for the whole family.

Gardening can be a solo activity or an opportunity for bonding with your family and friends. The happiness and stress relief that gardening provides is a great thing to share with loved ones. Also, gardening has special benefits for kids. Early exposure to dirt has been linked to numerous health benefits, from reducing allergies to autoimmune diseases.

7. Gardening can give you a boost of vitamin D.

A healthy dose of vitamin D increases your calcium levels, which benefits your bones and immune system. Exposure to sunlight helped older adults achieve adequate amounts of vitamin D. Just don't forget your sunscreen.

8. Growing your own food can help you eat healthier.

If you have a vegetable or herb or fruit garden, you're getting fresh produce that you know hasn't been treated with pesticides.

"It's essentially as farm-to-table as it gets," Dr. Hutchins says, "if you're eating what you're growing."

HERE ARE GARDENING TIPS FOR DECEMBER FOR TALLAHASSEE

Don't forget gardening when you make out your holiday gift list! Find ideas at Almanac.com/Store.

In some southern areas, you can still plant cool-season vegetables, such as beets, broccoli, cabbage, onions, and carrots.

In some areas, you can still plant cool-season herbs such as parsley, thyme, sage, dill, fennel, cilantro, comfrey, and garlic.

Take root cuttings from your cold-sensitive perennials. Plant them in pots and keep them indoors; you can use

these to replace any plants that are killed during the winter. You can still transplant trees and shrubs.

Check the soil moisture of your lawn throughout the winter and water when necessary.

Don't prune cold-damaged plants yet.

Continue planting hardy annual seeds to add color to your winter garden: petunia, pansy, snapdragon lobelia, alyssum, and viola. Remember to clean the rows in your garden to help prevent insects and diseases.

Test your soil. Now is a good time to add lime if it is necessary.

Start inspecting houseplants regularly for pests. Start planning next year's garden. Think about which crops did well and which didn't fare well so that you can order better varieties next time. Think about the quantity of each crop and whether it was enough or too much. Assess learning before ordering seeds for next year.

Before sending your seed order, draw a map of the garden area. This way, you'll order the right amount of seeds.

In empty garden beds, spread manure and compost over the garden and plow under to prepare your soil for next year.

Add fallen leaves to your compost pile or use for mulch.

Bring a poinsettia into your home. See Almanac.com for tips on how to keep poinsettias going strong.

Look around for garden tools and supplies that you're missing—and add them to your holiday gift list! Find gifts for others!

QUOTE OF THE MONTH

TRUTH

“All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident”.

Arthur Schopenhauer

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