



# OLLI TIMES

OLLI AT FSU'S MONTHLY NEWSMAGAZINE

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JUNE 2021

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## **CLASSES, CLUBS AND ACTIVITIES WILL RETURN TO CAMPUS IN THE FALL**

OLLI Director Debra Herman has announced that “for planning purposes, all clubs and activities will open to in-person meetings in the Fall Semester if you choose. Dates will be sent out soon as to when we will need this information for the Fall Catalog.

We’ll have a mix of in-person and ZOOM classes for the

fall, always continuing to have ZOOM offerings in future semesters. We’ll begin slowing moving back to campus and possibly be able to offer other classes off-campus when allowed. We’ll know more as time goes on,” she added. “One of the great values of ZOOM classes is the ability to attract expert instructors from all over the world.”

# WHAT THE 2020 CENSUS WILL TELL US ABOUT A CHANGING AMERICA

## POPULATION IS GROWING OLDER; GENDER GAP IN LIFE EXPECTANCY IS NARROWING

From Population Bulletin 2020

The current growth of the population ages 65 and older is unprecedented in U.S. history and has important implications for policymakers. Although government programs such as Social Security, Medicare, and Medicaid have helped reduce poverty and improve the health of the older population, current projections indicate that these programs—as currently implemented—are not sustainable. The increasing costs of providing for an older population may reduce public spending for other groups, including young families with children. The 2020 Census will provide vital information about the age structure of the U.S. population—including the number of men and women in different age groups and the share of older adults across states and local communities—to help policymakers meet the needs of their constituents.

The number of people ages 65 and older in the United States has increased steadily during the past century, and growth has accelerated since 2011, when baby boomers first started to turn 65. Between 2020 and 2060, the

number of older adults is projected to increase by 69 percent, from 56.0 million to 94.7 million. Although much smaller in total size, the number of people ages 85 and older is projected to nearly triple from 6.7 million in 2020 to 19.0 million by 2060.

Recent declines in fertility and immigration have slowed growth in the share of children in the population and accelerated population aging. In 2008, U.S. Census Bureau projections showed the number and share of children exceeding that of the older population every year through 2050, while the most recent projections (2017) show the number and share of the older population surpassing that of children by 2034. The Census Bureau projects that in 2020, children will make up 22 percent of the U.S. population—the lowest recorded share in U.S. history. By 2060, the share of children in the population is projected to drop even further, to around 20 percent. During that same period, the share of the population ages 65 and older is projected to increase from 17 percent to 23 percent.

The number of centenarians, or people age 100 or older, has also increased from around 32,000 in 1980 to more than 53,000 by 2010. In 2020, it is projected that the older adult population could include 92,000 centenarians, and the number could increase to nearly 600,000 by 2060.

The pyramid for 1980 clearly shows the effects of changing fertility rates during the 20th century, with the baby boom cohort—persons born between 1946 and 1964—reflected in the large share of the population ages 15 to 34. By 2020, surviving baby boomers will dominate the 55-to-74 age group, and the pyramid will begin to look more cylindrical. This trend is projected to continue through 2060, when there will be a relatively large share of men and women ages 85 and older. In fact, women ages 85 and older are projected to make up 2.9 percent of the total U.S. population in 2060—a larger share than that of females in the 0-to-4 age group (2.7 percent).

Three demographic trends account for changes in the age structure of the U.S. population in recent decades. First, a shift toward smaller families began in the late 1960s. During the baby boom, the total fertility rate (TFR), or the average number of lifetime births per woman, peaked at over 3.5. But by the mid-1970s, the TFR had dropped to just 1.7—the lowest level ever recorded in the United States. Second, increases in life expectancy—an

estimate of the average number of years of life remaining at a particular age—have led to a growing population of older adults relative to those in younger age groups. Between 1980 and 2016, average life expectancy at birth increased from 73.7 to 78.6 years.

Third, declines in immigration have reduced population momentum by limiting the number of young adults of reproductive age who are moving to the United States and starting families. The number of women ages 25 to 44 increased by 35 percent (from 31.8 million to 42.9 million) from 1980 to 2017, but is projected to increase by only 15 percent between 2017 and 2060 (to 49.3 million). Slower growth in the number of women of reproductive age, in combination with falling fertility rates, is resulting in fewer births and children relative to the number of older adults in the population.

The future size of the older population relative to the population of children and working-age adults will depend in part on trends in immigration. The latest projections from the Census Bureau assume that net international migration (the number of immigrants minus the number of emigrants) will peak at around 1.1 million per year by 2060. But if future immigration levels are higher than the Census Bureau projects, the number of older adults could be reduced relative to those in younger age groups.

**The Sex Ratio at Older Ages Is Narrowing**--The number of males per 100 females in a population, or the sex ratio, can vary depending on sex differences in health risks and behaviors, mortality rates, immigration patterns, and other factors. In the United States, as in other countries, newborn males outnumber newborn females, while females are more likely than males to reach older ages. The projected U.S. sex ratio in 2020 favors women slightly, at 97 men per 100 women, but patterns vary across age groups. The Census Bureau projects that the sex ratio in 2020 will be 104 for children under age 18, but only 56 for adults ages 85 and older. Among centenarians, there will be only 30 men per 100 women, according to the Census Bureau's projections for 2020.

Women live longer on average than men in the United States and in nearly every country in the world. But in the United States, the gender gap among older adults has shifted during the past century. At the turn of the 20th century, there were 102 older men (ages 65 and older) per 100 older women. By 1990, the sex ratio among the older adult population had fallen to 67, its lowest recorded level. Since then, the sex ratio among adults ages 65 and older has rebounded and is projected to increase to 81 by 2020 and to 86 by 2060.

Researchers have linked U.S. trends in the gender gap in life expectancy at older ages to male and female patterns of smoking, which increase the risk of an earlier death from lung cancer, heart disease, chronic obstructive pulmonary disease, and stroke. During the first half of the 20th century, smoking prevalence rates among men and women converged, as men's rates declined from their earlier peaks and women's rates increased, leading to a rise in smoking-related deaths among women relative to men.- Smoking prevalence peaked among women born in the early 1940s, whereas prevalence rates peaked for men born in the 1910s. The result has been a steady reduction in smoking-related deaths among older men and an increase in deaths among older women.

A changing sex ratio has implications for caregiving in old age. Historically, older adults have relied heavily on family caregivers to provide support and care when they needed assistance. However, fewer children and high divorce rates among baby boomers mean that more may live alone in old age without either the financial and social support or informal caregiving provided by a spouse or child. Spousal care could potentially help fill this gap; with more men surviving to old age, more potential partners may be available to provide informal care for older adults.

**Support Ratios for Older Adults and Children Are Shifting**--Policymakers are concerned about the growth in the population ages 65 and older, and whether the U.S. workforce will be large enough to support future spending on Social Security and Medicare. One way to measure this support is through the old-age support ratio—the number of working-age adults ages 18 to 64 for every person age 65 or older. The old-age support ratio is just an approximation because some people stop working before they reach age 65, and a growing share of adults are continuing to work into their late 60s and early 70s. In 1960, there were 6.0 working-age adults for every person age 65 or older. The ratio is projected to drop to 3.6 by 2020 and even further—to 2.4—by 2060. This

projected decrease in the number of workers relative to those who are retired or can no longer work could have implications for the old-age support systems currently in place.

While the old-age support ratio has decreased in recent decades, the support ratio for children—the number of working-age adults per child under age 18—has increased. Between 1960 and 2010, the ratio has gradually risen from 1.5 to 2.6 working-age adults per child. By 2040, the support ratio for children (2.8) is projected to exceed the old-age support ratio (2.7) for the first time in U.S. history. These shifting support ratios may lead to higher levels of public spending on the health and economic well-being of older adults, relative to young families and children.

## **ZOOM FATIGUE: WHAT IS IT AND HOW TO DEAL WITH IT**

Why video conferencing can be exhausting; what you can do about it.

From Psychology Today 2021

The pandemic has led to a related epidemic of “Zoom fatigue” and screen fatigue, especially for people working from home and students participating in online classes. At the end of 2019, 10 million people used Zoom. In April 2020, the number of

Zoom users had skyrocketed to 300 million.

Why are virtual video conference meetings so mentally exhausting, and how can people proactively prevent and reduce Zoom fatigue?

Several factors are at play, including technological limitations. Video conferences lack the capacity for “synchronous” communication. Sound and video feed delays leave gaps that can be misread. The natural flow of conversation can be choppy from technological issues like headset problems, Internet connectivity issues or disruptions, frozen screens, or the distortion of sound, including gaps or the speeding up or slowing down of conversation. Even when the Internet connection is fully working on both sides, there are inevitable micro-delays in both video and sound. This lack of “synchrony” causes an unconscious overworking of the brain to try to synchronize communication—your brain ends up working overtime to read the other person’s expressions and behavior.

Video conferences make it very difficult for everyone to detect micro-expressions, which can lead to miscommunication. A few seconds of silence can feel like an awkward pause that can be read into negatively. Video conferences also do not capture all of one's body language or its subtleties. These limitations leave a gap open for miscommunication and a lack of reassurance on both sides of the screen. Even a well-intentioned listener trying to detect micro-expressions can end up having a longer or more intense eye stare, which can be read by the viewing person as hostility.

Overlapping dialogue is nearly impossible in many video conference platforms, so the rhythm of conversation

can feel unnatural. Spontaneous flow of information can be lost since people have to wait to speak their turn. This also makes the lighter aspects of conversation, such as humor and comic relief, more difficult.

The increase in video conferencing occurs against the backdrop of a much more sedentary lifestyle. Meetings at physical locations, such as offices and schools, used to account for breaks so that people could move from room to room or take a restroom break. But online there is often less flexibility and fewer built-in breaks. There is a higher expectation that meetings start on time because everyone is expected to be available online, even though there are frequently minimal or no breaks between sessions.

All of this can lead to increased stress, a constant sense of needing to be "on" and "available," less physical exercise or movement, and less downtime or "transitional" space to relax the mind in between meetings.

**Here are some tips to reduce Zoom fatigue.**

Schedule and protect non-screen breaks on your calendar. This is really important. Many companies are shifting to a long-term or permanent

work-from-home model. Many of these work schedules were created as a rapid adapted response early in the pandemic and did not account for Zoom fatigue and are not sustainable.

Schedules should account for at minimum 5-to-15-minute breaks in between back-to-back video conference meetings. Block specific break "protected" times on your calendar. Stretch, take a brief walk, or move around physically during this time.

Avoid screens or checking your phone during these breaks.

Switch to phone meetings over video conference when possible.

Prop up your screen in order to keep the camera directly at your eye level so that you will be looking straight ahead into the camera.

Make sure you are well-lit from the front. Put your lighting from the front in order to reduce shadows and prevent grainy video quality. This helps people be able to read your expressions.

Frame your video so that your head and shoulders are in view instead of just your face. This prevents your face from looming large on the screen,

which can be unconsciously read by others as hostile. This also helps you be able to convey more of your body language and gestures.

Keep your background as minimal as possible for less distraction to both you and the other participants.

Arrange your video conference program so that the speaker is front and center in order on your screen. This mimics more of an in-person conversation and minimizes distractions—when you're looking at the speaker, it will align with your camera.

Close any other windows, including social media feeds, emails, and text messages. This helps prevent distractions and interruptions which can further exhaust your brain. Avoid multiple monitors when possible. Invest in a good headset so that you can better capture your voice and minimize ambient noise on both sides, so that you can better hear the speaker.

In your downtime, go offline. Engage in relaxing activities that don't require being on a screen such as meditation, listening to music, cooking, taking a walk, reading a book, taking a warm bath, drinking a cup of caffeine-free tea, or calling a friend.

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# THE PRESIDENT'S PAGE

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Harriet Waas  
President, OLLI Advisory Council



OLLI is growing once again and expanding what we offer to our members. This past May, we began our Summer term. While our "Maymester" of the past offered only three weeks of classes and activities, OLLI's Summer term offers six weeks of classes and related events in May and June. We will also have free lectures in July. Our clubs continue throughout the year and you are able to register for these at any time.

Karyn Hornick, our Scholarship Committee chairperson for many years, will be leaving us to move north and be near her children. We thank her for her years of dedicated service in this and many other OLLI volunteer positions, and wish Karyn and her husband the best of everything in the future. She will be joining the OLLI

near her new home and we are sure they, too, will be delighted to include her in their team of volunteers. We welcome Myrtle Bailey as our new Scholarship Committee chair and, as she has been working with Karyn, we know she will continue the OLLI Scholarship process with grace and ease. Ramona Bowman is turning over the leadership of the Monday Book Club to Nancy O'Farrell. Thank you, Ramona, for your years of leadership and Nancy for moving into yet another leadership position.

Our Director, Debra Herman, recently sent out a survey asking if you would be interested in face-to-face classes in Fall semester. I hope you took the opportunity to respond to this survey as we seriously consider the wishes of our members in planning our



curriculum. It is also important for you to complete the online class evaluation surveys which allow you to evaluate our classes and instructors. These results are used for future curriculum planning.

The OLLI Travel Club has been considering domestic travel opportunities for 2022 or later due to the pandemic. Members of the Travel Club received a survey with suggested

domestic trips, but we are open to any suggested group travel opportunities.

If you would like to participate in this survey, or if you are interested in traveling in the future, please register for the Travel Club and send an email to [waas01@comcast.net](mailto:waas01@comcast.net) to be added to the email list. As with all OLLI clubs, you must register every semester and notify the club chairperson to continue receiving emails.

## **WEDNESDAY BOOK CLUB TO ANNOUNCE SELECTIONS FOR NEXT ACADEMIC YEAR; SETS PROGRAM FOR JUNE**

By Susan Barnes

The members of the Wednesday Book Club have held their election after nominating 25 books, and the selections for next year have been made. Thanks to Laurie Svec, current co-chair and incoming chair for next year, for handling the election. The book titles along with the schedule for 2021-22 will be included in the July OLLI Times so you can get started on your summer reading.

The book selection for the June 9 meeting is **Drive Your Plow over the Bones of the Dead** by Olga Tokarczuk. Charlotte Kelley will serve as our discussion leader for our final session via Zoom. We are hoping to meet in person starting in September and are working now to confirm a meeting location, hoping that Westminster Oaks will be open to us again.

# PROTECTING YOUR DIGITAL ASSETS: KNOW THE RISKS OF SHARING DATA



By Dr. Neil Charness, is the William G. Chase Professor of Psychology at FSU, Director of the Institute for Successful Longevity and Distinguished Research Professor. This column appears in the May edition of the ISL Newsletter



I recently wrote about the need to plan ways to transfer your digital assets to heirs, particularly in light of the increased deployment of two-factor authentication (2FA). My advice is to provide heirs with the necessary information to log in to critical accounts (account name, password) and to use a form of 2FA such as a physical USB key to provide access to devices such as smartphones, tablets, and computers.

The reason for arguing for a USB key or other 2FA physical authentication method is that biometric information such as a fingerprint will not work when you die. Here, I would like to talk about how to transfer your digital information safely and cover some of the risks of sharing this information. Some of you may be familiar with Shakespeare's famous tragedy, King Lear. Lear, an English king, gave up the keys to the kingdom to his

treacherous heirs prematurely, ended up losing his power, financial resources, dignity, and finally his life. Hopefully, your heirs will prove to be less like Lear's ungrateful daughters, Regan and Goneril, and more like his loving daughter, Cordelia.

However, an important decision is how to safely transfer your digital assets if you do suspect that some heirs are too immature or careless to manage them should you share them while you are alive. You need to take care. There are many examples of dangers arising from sharing financial resources, such as through shared bank accounts, co-signed credit cards, or jointly guaranteed loans. You are on the hook if your partner on the account misuses funds.

The difference with newer asset types is that a single digital portal, such as your email account, may provide the keys to your digital kingdom. How? Verification emails are typically sent to your email when, for instance, there is a change to one of your registered accounts, such as switching to a new email address or changing the form of payment. Imagine that a hacker (or worse yet, your faithless daughter Goneril) has learned or guessed your email name and password. The first thing that they might do is to change the password and contact email address to their personal password and email in order to take full control of the account. Now they can use the information in that email account to

learn about other accounts and take them over, too.

Of course, if you implemented two-factor authentication on these accounts, people (hackers, Regan & Goneril) cannot access them without that second factor (account name and password are not enough), so you should probably adopt 2FA for those accounts. Still, you need to keep in mind the need to share that second form of authentication on death or disablement with a trustworthy person. How you do this is up to you. You could store a backup of the second factor, if it is in the form of a USB key, with an attorney or other trusted professional and let your heirs know in advance that they will need to contact that person. You could store the backup, along with your email account name and password in a safe in your home and let your heirs know the combination to the safe. You could be even fancier, if you have a Google account, and use their Inactive Account Manager feature <https://support.google.com/accounts/answer/3036546?hl=en>.

It generates an automated email to designated parties three months after you've stopped accessing Google services, presumably because you died or became disabled. automatically generated email could contain the combination to the safe or other information as part of the message. Of course, you will need to review your

account settings, perhaps annually, to make sure that the email address or addresses are up to date. Another concern is with automatic payment of recurring bills. Many of our accounts are now “virtually” controlled. For instance, to get the best rates for mobile phone accounts, you need to provide automated billing/access to your account. The same is often the case for Internet services or wired telephone accounts. Vendors want to be assured of payment, eliminate the cost of mailing you bills, and directly access bank or credit-card accounts. Should you die suddenly or become incapacitated, companies will automatically continue debiting your accounts for services that you can no longer cancel, until your heirs can find information about them and terminate those services on your behalf. If you used Google’s automated email, your heirs might only get access to the safe,

## **MONDAY BOOK CLUB SETS JUNE MEETING; SETS FALL SEMESTER PROGRAMS**

The Monday Book Club will meet on June 14, 11:00 a.m. until 12:30 p.m, via Zoom to discuss **Euphoria** by Lily King. We then take a break until the second Monday in September. Listed sequentially by months, September through December, we will be reading for discussion: **This is How it Always Is** by Laurie Krankel, **Lab Girl** by Hope Jahren, **Behind the Beautiful**

and hence information about such accounts, months after you die or become incapacitated. I suppose it is better late than never. Even with careful planning of this type, there are still “gotchas” for heirs.

For instance, say that your heirs try to turn off a smartphone account. They may need a third form of identification, an account code, in addition to the other forms of identification, so you ought to make that information available to heirs as well.

In summary, transferring your digital assets takes planning, not unlike other aspects of your estate. However, digital assets have unique features that require extra effort on your part if you want to transfer them safely and minimize stress for your heirs. Hopefully, those heirs will behave more like Cordelia than Re

**Forever**s by Katherine Boo, and **The Wonder Boy of Whistle Stop** by Fannie Flagg. Join OLLI in the fall and then sign up to be part of our reading group. If three any questions for remainder of this Book Club's year, email Ramona Bowman at [rbowman0721@gmail.com](mailto:rbowman0721@gmail.com). Enjoy your summer; BE SAFE. See you in the Fall.

# OLLI WALKING CLUB PUBLISHES ELECTRONIC PHOTOBOOK

by Kathy Reeves



FSU OLLI  
WALKING  
CLUB  
MEMORIES  
2013 - 2021

When one of the original walkers of the FSU OLLI Walking Club, Karyn Hornick, announced she was moving, we knew that we had to do something special for her send off. The group decided that an electronic photo book would be a perfect reminder of the many friends she had met over the years, and the many activities the club was involved with. Sue Wattenberg, also an original walking club member, asked me to design the book and then have it published.

I met Karyn at an OLLI course on making electronic photo books, taught by Deanna Ramsey. Deanna taught us using the website called Mixbook. It seemed fitting that since I met Karyn in that class, that I would design the book in her honor.

To design the book, I began by deciding on a template (always the

hardest part of designing a book) and then collecting photos of the walking club members and activities that had taken place over the years. Linda Kilgore is our unofficial photographer so many of the photos were from her collection. Other photos were taken from races we were in in Thomasville and Tallahassee, and volunteer efforts we participated in. There is also a lot of socializing among the walking club members so we included many of those photos as well.

After many edit and renditions, the 25-page book was finalized and published by Mixbook. It was designed in an 8 1/2 x 8 1/2-inch format, and I had it printed with a soft cover.

You can go to [mixbook.com](https://mixbook.com) to get more information on how to design a photo book. There are other great

websites where electronic photo books can be designed and published, including Snapfish, Costco, Shutterfly and CVS.

If you would like to see the book in its entirety or have questions about getting started, contact Kathy Reeves at [kreeves1210@aol.com](mailto:kreeves1210@aol.com)

# *FROM THE WRITERS' CLUB*

## **BEST FRIENDS**

By Judith Powell

My friend Patti, the ultimate suburban woman, is eating her usual lunch — a small salad with fat free dressing and a glass of black ice coffee. She shakes her perfect brunet hair highlighted with blond extensions, which is no less perfect than her eye make-up, her complexion, her stylish workout clothes, her jewelry and her feet. Patti has just finished being steamed, creamed, waxed, plucked, massaged, manicured, and colored from head to her pedicured toes. Patti incorporates every technological breakthrough in science for making women beautiful.

My friend Gabby, another sort of woman, is buttering her second (but who's counting) roll and reaching for the menu to start looking at the dessert selections. Gabby's hair has probably not seen the inside of a beauty salon in over a year. She cuts her own hair or rather chops on it when a piece of it falls in her face. Her idea of fixing her hair for a special occasion is to put it in

pony tail with a colorful ribbon. She uses very little, if any make-up, doesn't moisturize and would never think of spending the money or time to get a manicure or pedicure. She is wearing an outfit she has had for at least ten years and is not troubled by the fact that it is out of style, has a small stain and is stretch tight on her too rounded bottom.

I am sitting between the two of them, pulled in two directions by the different values each one represents. The truth is I want to feel as nonchalant as Gabby while looking as glamorous as Patti.

These are my two best friends. We have been friends since high school. Five years ago, when we turned 40, we agreed to meet for lunch the first Wednesday of every month. Even though our lives and lifestyle are completely different we have remained good friends. Gabby married her high

school sweetheart. They have three boys whom she affectionally calls “The Rug Rats”. Gabby’s husband, Bobby, owns his own plumbing company and enjoys food as much as she does.

Patti is married to her second husband, Steve, a very successful business man. She has a stepdaughter who lives with them and Patti adores her — the affection is mutual. Patti always says why should she have children when Steve gave her the perfect daughter and she did have to “breath and push” to get her.

Then, there is me. I am the only one still working fulltime, happily divorced after twelve years of marriage, no children and enjoying the single life of a 45-year-old woman.

Patti, shifting in her chair and looking at her watch says, “I can’t stay as long today, I have an appointment at 1 o’clock.”

With a mouth full of pasta, Gabby slurs, “What kind of appointment? You’ve just had every body part greased and pulverized to perfection.”

“Actually. it’s a doctor’s appointment,” Patti says. “Well, he must be tall, dark, and handsome.” I say with a wink to Gabby.

“No, actually he’s short and fat, but he’s the best plastic surgeon in this area.”

“Oh my God — a face lift!” Gabby and I exclaim in unison.

“Don’t jump to conclusions. It’s not what you think,” Patti states. “I have breast cancer and I am having a bilateral mastectomy next week. The doctor I am seeing today is going to be discussing my options for reconstructive breast surgery.”

Gabby and I sit slack jawed — stunned — we had no idea. Patti can see the shocked look on our faces and with an understanding, yet apologetic look, she says, “I didn’t want to tell you until I had all the facts. I had my regular mammogram last month; there were several suspicious looking areas which required another mammogram, then an ultrasound and a biopsy.” Patti goes on to say that the type of cancer cell is fast growing and likely will show up in the other breast at some point. “I have talked to two doctors and having the double mastectomy is really my best option for a full recovery. The surgery will be a week from today.”

Gabby stops eating, pushes her plate away, wipes her mouth with the back of her hand as we both reach across the table to Patti — tears springing up in all of our eyes.

“Well, we are going with you to the appointment today.” Gabby says attempting to get the waiters’ attention by waving her hand like she is trying to flag down a taxi in New York City.



“Cancel my dessert order and bring us our checks”, she commands the waiter. “We can sit in the waiting room or if you want us with you when the doctor talks about the options, we will do that. Either way you are not going by yourself, Gabby says glancing at me. “Penny, you and Patti leave your cars here. We’ll all go in one vehicle. I’ll drive. When we come back, we can have a cool drink, discuss the situation and make our plans for the following weeks.”

Patti and I start to laugh at Gabby

barking orders like she is commanding troops into battle. We have never seen her so in control. Gabby is usually laid back not a take charge type person, or so we thought. I guess raising three boys has turned her into a drill sergeant. However, we don’t disagree with her and I think Patti is glad someone is telling her what to do — one less decision she needs to make today. We pay our bills, grab our purses and follow Gabby, waving her hand in a forward motion leading the charge out of the restaurant

## ***SPECIAL TO THE TIMES***

### **SHOULD THE FIRST AMENDMENT PROTECT SCAM CALLS?**

**Does This Ring A Bell? Are You Tired of Robocalls? Blame An Apathetic Government, Profiteers, An Out-Of-Step Regulatory System, And A Tone-Deaf Supreme Court**

From USA Today 2021

Tuesday, March 2, was a bad day for me — but a very good one for the robocallers and the phone scam artists and the spoofers.

The first call came at 8:30 a.m., but luckily it was labeled by my caller ID as “spam risk.” I ignored it. Soon after, a second caller, with a strong foreign accent, wanted to alert me that my Microsoft computers were at high risk of a virus.

But I don’t have Microsoft; we are an Apple family, I politely advised. No, he said, your computers are at risk. I yelled at him to leave me alone, reminding him that I am on the federal government’s “do not call” registry. He yelled back. I, in turn, cursed him. At an impasse, I told him I was reporting his number to the New York Attorney General. Then he cursed me. And hung up.



More calls came throughout the day. In fact, over a three-week period last month, I received a total of 44 landline calls and 24 of them were people entering my household, annoyingly and illegally, and trying to sell me car warranties, new windows, life insurance — in sum, nothing I solicited, nor wanted, nor needed.

One caller had partial information about my health and tried to use it to sell me a back brace, which, he insisted, was recommended by my former doctor, now retired. One caller had actually “spoofed” or stolen the number of my doctor’s office.

It could be worse. An opinion writer for The Washington Post reports that one day, before 10 a.m., she received 14 nuisance calls. No wonder the IRS recorded more than 718,000 reports of telephone scams in 2019, totaling \$45 million in scam losses.

“The issue is people being harassed to death,” Margot Saunders, senior legal counsel to the National Consumer Law Center, told me. “We need to control the callers.”

Easier said than done perhaps. The Federal Communications Commission, which meekly regulates telephones, reports that in 2019 43.3 billion robocalls were placed, 18 billion more than the previous year.

Conservative South Carolina Democrat Sen. Fritz Hollings labeled

robocalls “the scourge of modern civilization. They wake us up in the morning; interrupt our dinner; force the sick out of bed; hound us until we want to rip the telephone right out of the wall.”

My friends are going bonkers about the phone intrusions.

“Extended car warranties must be extremely profitable,” wrote my friend Bruce Alpert in Montana. “We get at least two phone solicitations a day for them. We buy them all. Of course, all this might make more sense if we had a car.” He ended his Tweet with a happy face, but no one is really smiling.

After all, you are getting about 170 calls a year from spammers and fraudsters. So much so that the IRS now issues an annual list of the “Dirty Dozen” most common scammers.

Danny Wild, a photographer for USA TODAY Sports from New York, reported: “Today I got phone calls from India about a student loan, refinancing credit card debt, buying a new roof, an extended car warranty and one about my social security number being ‘compromised.’ Not to brag, but I think that’s basically the equivalent of hitting for the cycle in baseball.”

Jo Cicale, a retired reporter, howled: “BEWARE: just received a cell phone call from Officer Bumpkin advising

that my SS number has been compromised and as a result my account is immediately closed. These calls that can prey on vulnerable people sicken me!”

And prey they do. More than 1.7 million Americans were victims of phone scams in 2019, losing \$1.9 billion to fraud and \$667 million to imposters. The Federal Trade Commission received 3.2 million complaints. And believe it or not, young people were scammed more than the elderly. Callers posing as IRS and Social Security agents, topped the list but the horror of COVID was complicated by people pushing a variety of virus-related scams.

**What to make of this “scourge”? So many explanations. Profiteers run amuck. A regulatory system, try as it might, that simply cannot combat calls from all over the world. A tepid government that just won’t insist on the telephone companies putting into place technology that will block spammers. (The FCC does have authority to insist on this.)**

**And, finally, we have a U.S. Supreme Court that won’t declare the primacy of people over business. It had its chance in a 2020 case that involved businesses challenging a 1991 federal law blocking cell phone spammers. Business wanted to knock it out. The court settled on only killing a part of the law.**

But in an era when Google tracks our online movement, Facebook puts our lives out to bid and Amazon knows what underwear I buy — when our privacy is being assaulted at so many turns — it was time for the Court to simply declare: Enough! But it did not. The judges meekly noted “Congress’ continuing interest in consumer privacy.”

You can stand in front of my house with signs, knock at my door to convert me to your religion, bombard me with advertisements, but you shouldn’t be able to enter my house without my permission and hawk products — or politics — I do not seek.

Privacy is a compelling need and it overrides the interests of freedom of speech. I agree with Saunders, who says, “Make it cost them when they call.” That means more fines and prosecutions, but it also means “a structural mechanism to control spoofing and other frauds.”

Large cell phone companies “have been much more aggressive in technology that identifies and blocks fraud,” Saunders points out. But the most protection I am getting from my landline provider Spectrum is a “spam risk” notification, sometimes. That Spectrum has a monopoly in my area of New York plays a part. The phone carriers are making money each time a robocall is placed. So, they are complicit and grubby, although not

criminal.

As Saunders adds, convincingly, “Banks have developed robust fraud detection. So can phone companies. We have a rocket ship on Mars. You don’t think we can develop a mechanism to block these calls?”

And we should. It’s the most efficient and sensible way to end this serious nuisance. I shouldn’t have to download apps or get on no-call lists or curse some caller from overseas because I won’t buy his scam. Surely, James Madison did not have this in mind when he helped create the First Amendment.

## 9 HERBS AND SPICES THAT FIGHT INFLAMMATION

From Healthline 2021

Inflammation is the body’s way of fighting infections and healing. However, in some situations, inflammation can get out of hand and last longer than necessary. This is called chronic inflammation, and studies have linked it to many diseases, including diabetes and cancer.

Diet plays a crucial role in your health. What you eat, including various herbs and spices, can affect inflammation in your body. It’s worth noting that many studies in this article talk about molecules called inflammatory markers. These indicate the presence of inflammation. Thus, an herb that reduces inflammatory markers in the blood likely reduces inflammation.

### 1. Ginger

Ginger is a delicious spice with a peppery yet sweet flavor. You can

enjoy this spice in various ways, such as fresh, dried, or powdered. Outside of ginger’s culinary uses, people have used it for thousands of years in traditional medicine to heal numerous conditions. These include colds, migraines, nausea, arthritis, and high blood pressure.

Ginger contains more than 100 active compounds, such as gingerol, shogaol, zingiberene, and zingerone, to name a few. These are likely responsible for its health effects, including helping reduce inflammation in the body. An analysis of 16 studies in 1,010 participants found that taking 1,000–3,000 mg of ginger daily over 4–12 weeks significantly reduced markers of inflammation compared with a placebo. These markers included C-reactive protein (CRP) and tumor necrosis factor-alpha (TNF- $\alpha$ ). Other

research looked at the effects of taking 500–1,000 mg of ginger daily in people with osteoarthritis, a degenerative condition involving joint inflammation.

The studies found ginger may reduce inflammatory markers such as TNF- $\alpha$  and interleukin 1 beta (IL-1 $\beta$ ), as well as reduce joint pain and increase joint mobility.

Ginger is also incredibly versatile and easy to incorporate into many dishes, such as stir-fries, stews, and salads. Alternatively, you can purchase ginger supplements from health food stores or online.

## **2. Garlic**

Garlic is a popular spice with a strong smell and taste. People have used it in traditional medicine for thousands of years to treat arthritis, coughs, constipation, infections, toothaches, and more. Most of the health benefits of garlic come from its sulfur compounds, such as allicin, diallyl disulfide, and S-allylcysteine, which appear to have anti-inflammatory properties.

An analysis of 17 high quality studies including over 830 participants and lasting 4–48 weeks found that people who took garlic supplements experienced significantly reduced blood levels of the inflammatory marker CRP.

However, aged garlic extract was more effective and reduced blood levels of both CRP and TNF- $\alpha$ . Other studies have shown that garlic may help

raise antioxidants in the body, such as glutathione (GSH) and superoxide dismutase (SOD), while regulating inflammation-promoting markers like interleukin 10 (IL-10) and nuclear factor- $\kappa$ B.

Garlic is versatile and easy to add to your dishes. Alternatively, you can purchase concentrated garlic and aged garlic extract supplements in health food stores and online.

## **3. Turmeric**

Turmeric is a spice popular in Indian cuisine that people have used since ancient times. It's packed with over 300 active compounds. The main one is an antioxidant called curcumin, which has powerful anti-inflammatory properties. Numerous studies have shown that curcumin can block the activation of NF- $\kappa$ B, a molecule that activates genes that promote inflammation.

An analysis of 15 high quality studies followed 1,223 people who took 112–4,000 mg of curcumin daily for periods of 3 days to 36 weeks. Taking curcumin significantly reduced inflammatory markers compared with taking a placebo. Markers included interleukin 6 (IL-6), high-sensitivity C-reactive protein (hs-CRP), and malondialdehyde (MDA). Studies in people with osteoarthritis have found that taking curcumin supplements provided pain relief similar to that of the common nonsteroidal anti-

inflammatory drugs (NSAIDs) ibuprofen and diclofenac.

Unfortunately, turmeric only contains 3% curcumin by weight, and your body doesn't absorb it well. It's best to take curcumin with black pepper, as the latter contains a compound called piperine, which can increase curcumin absorption by up to 2,000%. If you're looking to take curcumin for its anti-inflammatory properties, it's best to purchase curcumin supplements, ideally ones that also contain black pepper extract or piperine. You can purchase them from health food stores and online.

#### **4. Cardamom**

Cardamom is a spice native to Southeast Asia. It has a complex sweet, spicy flavor.

Research suggests that taking cardamom supplements may reduce inflammatory markers such as CRP, IL-6, TNF- $\alpha$ , and MDA. Additionally, one study found that cardamom raised antioxidant status by 90%.

An 8-week study in 80 people with prediabetes found that taking 3 grams of cardamom daily significantly reduced inflammatory markers, such as hs-CRP, IL-6, and MDA, compared with a placebo. Similarly, a 12-week study gave 87 people with nonalcoholic fatty liver disease (NAFLD) either 3 grams of cardamom daily or a placebo. Those who took the cardamom had significantly reduced

levels of the inflammatory markers hs-CRP, TNF- $\alpha$ , and IL-6. Taking cardamom also reduced the degree of fatty liver disease.

The rich, complex flavor of cardamom makes it an excellent addition to curries and stews. The spice is also available as a supplement in powder or capsule form.

#### **5. Black pepper**

Black pepper is known as the king of spices, as it's popular worldwide. Traditionally, people used black pepper to treat certain health conditions, such as asthma, diarrhea, and many other gastric ailments.

Research suggests that black pepper and its main active compound piperine may play a role in reducing inflammation in the body. In animals with arthritis, piperine helped reduce joint swelling and inflammation markers, such as IL-1 $\beta$ , TNF- $\alpha$ , and prostaglandin E<sub>2</sub> (PGE<sub>2</sub>). In both mice with asthma and seasonal allergies, piperine helped reduce redness, the frequency of sneezing, various inflammatory markers like IL-6 and IL-1 $\beta$ , as well as the antibody immunoglobulin E (IgE).

However, limited human research has been conducted on the anti-inflammatory properties of black pepper. Scientists need to do more research to explore its effects.

Black pepper is widely available and easy to add to your diet. Try seasoning your cooking with a dash of ground black pepper. It pairs nicely with veggies, meat, fish, poultry, and pasta dishes.

## **6. Ginseng**

Ginseng is a plant people have used in Asia for thousands of years, treasuring it for its medicinal properties. The two most popular ginseng types are Asian ginseng and American ginseng. They vary in their effects and amounts of active compounds. Asian ginseng is reportedly more invigorating, while American ginseng is thought to be more relaxing. Ginseng has been associated with many health benefits, mainly due to its active compounds called ginsenosides. Their effects include reducing signs of inflammation in the body.

An analysis of 9 studies looked at 420 participants with elevated blood levels of the inflammatory marker CRP. Those who took 300–4,000 mg of ginseng per day over 4–24.8 weeks had significantly reduced CRP levels. The researchers suggested that ginseng's anti-inflammatory properties come from its ability to suppress NF- $\kappa$ B — a chemical messenger that activates genes that promote inflammation. Similarly, another analysis of 7 studies including 409 people found that taking 1,000–3,000 mg of ginseng daily over 3–32 weeks significantly reduced inflammatory markers, including IL-6 and TNF- $\alpha$ .

Ginseng is easy to add to your diet. You can stew its roots into a tea or add them to recipes such as soups or stir-fries. Alternatively, you can take ginseng extract as a supplement. It's available in capsule, tablet, or powder form at health food stores and online.

## **7. Green tea**

Green tea is a popular herbal tea that people often tout for its health benefits. This plant is packed with healthy compounds called polyphenols, particularly epigallocatechin-3-gallate (EGCG). Studies have linked these compounds to benefits for the brain and heart. They may also help people lose body fat and reduce inflammation.

Animal and test-tube studies have shown that EGCG helped reduce signs of inflammation associated with the inflammatory bowel diseases (IBD) ulcerative colitis and Crohn's disease. One study followed people with ulcerative colitis who did not respond well to conventional treatments. Taking an EGCG-based supplement daily for 56 days improved symptoms by 58%, compared with no improvement in the placebo group. Green tea polyphenols also appear to be beneficial for inflammatory health conditions, such as osteoarthritis, rheumatoid arthritis, Alzheimer's disease, gum diseases, and even certain cancers.

Green tea leaves are widely available and easy to brew into a delicious tea. Alternatively, you could also try

purchasing matcha powder or green tea extract supplements.

## 8. Rosemary

Rosemary is a delicious, fragrant herb native to the Mediterranean. Research suggests that rosemary may help reduce inflammation. This is believed to be due to its high content of polyphenols, particularly rosmarinic acid and carnosic acid.

A 16-week study in 62 people with osteoarthritis found that drinking a daily tea that was high in rosmarinic acid significantly reduced pain and stiffness, as well as increased mobility in the knees, compared with a placebo. In test-tube and animal studies, rosmarinic acid reduced inflammation markers in many inflammatory conditions, including atopic dermatitis, osteoarthritis, asthma, gum disease, and others.

Rosemary works well as a seasoning and pairs nicely with several types of meat, such as beef, lamb, and chicken. You can purchase rosemary as a dried herb, fresh or dried leaves, or dried, ground powder.

## 9. Cinnamon

Cinnamon is a delicious spice made from the barks of trees from the *Cinnamomum* family. The two main types of cinnamon are Ceylon cinnamon, also called “true” cinnamon, and Cassia cinnamon, which is the most commonly available

type. People have prized cinnamon for its health properties for thousands of years.

An analysis of 12 studies in over 690 participants found that taking 1,500–4,000 mg of cinnamon daily for 10–110 days significantly reduced the inflammatory markers CRP and MDA, compared with a placebo. Also, cinnamon raised the body’s antioxidant levels. Interestingly, the analysis found that only Cassia cinnamon, the more common variety of cinnamon, reduced both CRP and MDA levels. Ceylon cinnamon only reduced MDA levels. Similarly, an analysis of 6 studies in 285 people found that taking 1,200–3,000 mg of cinnamon daily for 8–24 weeks significantly reduced CRP levels. This effect was especially apparent in conditions in which CRP levels were high, such as NAFLD, type 2 diabetes, and rheumatoid arthritis.

Notably, while cinnamon is safe in small amounts, too much cinnamon can be dangerous.

Cinnamon, especially the more common Cassia variety, has high levels of coumarin. This compound has been linked to liver damage when people consume too much of it. Cinnamon’s tolerable daily intake is 0.05 mg per pound (0.1 mg per kg) of body weight. One teaspoon (2.5 grams) of Cassia cinnamon contains

7–18 mg of coumarin. This means the average adult should consume no more than 1 teaspoon (2.5 grams) of cinnamon per day.

It's best to season with cinnamon sparingly to avoid its side effects. Numerous studies have linked cinnamon intake to reduced inflammation. However, use cinnamon in small amounts, as it may cause side effects in high doses.

### **The bottom line**

Inflammation is a natural process that can raise the risk of health complications when it continues for too long. This condition is commonly known as chronic inflammation.

Fortunately, what you eat can help reduce inflammation in your body. The herbs and spices listed in this article can help keep inflammation at bay while adding enjoyable flavors to your diet.

## **CAN YOU LOSE FAT THROUGH EXERCISE ALONE?**

BY LAUREN BEDOSKY MYFITNESSPAL 2019

One of the hardest parts about starting a fat-loss program is knowing you won't be able to eat a lot of the foods you enjoy. At least, not in the same quantities. For this reason, some people try to achieve their fat-loss goal through exercise alone, hoping they'll burn enough calories during their workout to make up for poor diet choices.

### **WHY EXERCISE ISN'T ENOUGH**

First of all, exercise tends to increase appetite, says Tiffany Chag, RD, a sports dietitian at the Hospital for Special Surgery in New York. If you're not paying attention to what and

how much you're eating, you could take in more calories per day than you were getting before you even started your exercise program. "We don't really realize we're doing it," Chag says. Over time, this could lead to stalled results or even weight gain.

### **HORMONES**

In a recent study, a group of lean, overweight and obese women followed an eight-week exercise-only program. Not only did the women see zero fat reduction, but appetite hormone levels increased significantly in overweight and obese participants. These hormonal changes could explain the lack of fat-loss results, according to researchers.



## THE CALORIES PARADOX

In addition, exercise only burns a small percentage of calories in the overall scheme of things. A vigorous 30-minute strength session, for example, only burns roughly 223 calories for a 155-pound person, according to Harvard Health. That's the approximate equivalent of a couple of tablespoons of olive oil or a protein bar.

Granted, exercise — and strength training, in particular — will have you burning calories long after your workout is over, but it may not be as much as you think.

“People often get a false sense of how many calories they’re actually burning [during exercise],” says Steve Moore, MS, lead physiologist and health coach with the Penny George Institute for Health and Healing LiveWell Fitness Center at Abbott Northwestern Hospital.

All too often, we assume we’re burning more calories than we actually are, which makes it easier to reach for higher calorie foods. In fact, we can overestimate the calories burned by as much as four times the actual amount, leading us to eat 2–3 times our caloric expenditure from that workout, according to the results of a study published in the *Journal of Sports Medicine and Physical Fitness*.

In other words, just because the display on the treadmill or elliptical says you burned 300 calories, doesn’t mean you actually did: “Those [machines] are notorious for being wrong,” Moore says.

## THE BOTTOM LINE

You *might* lose fat through exercise alone, but you’ll have far greater success if you pair your exercise with a healthy diet.

In a study published in *Obesity*, overweight and obese postmenopausal women who followed a combined diet and aerobic exercise program lost more weight over the course of one year than women who followed a diet- or exercise-only program. Still, the women who followed the diet-only program lost significantly more weight than the exercise-only group (8.5% versus 2.4%), and only slightly less than women who followed the combined program (8.5% versus 10.8% for the combined approach).

Don’t think you have to completely overhaul your diet or add crazy amounts of exercise to see results.

Set achievable goals, like adding one extra serving of vegetables per day or taking the stairs instead of the elevator, and focus on meeting those goals for a few weeks before adding in other changes, Chag says. “[Your goal] has to be something that’s measurable, but set the bar so low that you can’t fail.”

# CAN YOU LOSE WEIGHT WITH EXERCISE ALONE?

**Despite the implications of a new nonprofit funded by Coke, reams of evidence point to an unequivocal answer**

By Dina Fine Maron, *Scientific American* 2015

Don't stress too much about cutting calories; if you want to shed pounds—focus on getting more exercise. That's the controversial message beverage giant Coca-Cola is backing in its new campaign to curb obesity. Coke is pushing this idea via a new Coke-backed nonprofit called Global Energy Balance Network, *The New York Times* reported on August 9. Money from Coke, the *Times* reported, is also financing studies that support the notion that exercise trumps diet. But is there any merit to such a stance? Not much, says Rutgers University-based diet and behavior expert Charlotte Markey. She is the author of an article on this subject in *Scientific American MIND* on this topic, and spoke about the Coke claims with *Scientific American* on Monday.

**In your fall *Scientific American MIND* feature you write “study after study shows that working out is not terribly effective for weight loss on its own.” Why is that?**

Exercise increases appetite, and most people just make up for whatever they exercised off. There's a lot of wonderful reasons to exercise and I always suggest it to people who are trying to lose weight—some sort of exercise regimen keeps them focused on their health and doing what is good for them, and it's psychologically healthy. But in and of itself it won't usually help people lose weight.

**Two years ago, there was a review study in *Frontiers in Psychology* that concluded dieting often actually led to weight gain. Why would that happen?**

When people try to diet, they try to restrict themselves, which often leads to overeating. They cut out food groups which make those food groups more desirable to them. They think too much about short-term goals and don't think about sustainable changes. But if you are going to lose weight, you have to change your behaviors for the rest of your life or otherwise you gain it back.

That's not a sexy message because it seems daunting.

**Coke's message is don't worry so much about dieting but worry a bit more about exercise. Is there something to that then?**

I find everything going on here very troubling. In the promotional video from Coke's group, linked to by the *NYT*, exercise scientist Steve Blair says we don't know what is causing obesity and we need more research. That message is oversimplified and terribly misleading. We actually know a great deal about what leads to obesity. It's not a great mystery.

People are eating too much and not exercising enough...that makes it inevitable that people will be obese. The group's emphasis on physical activity is misleading based on what the data shows. There's no data to support saying if you exercise for 30 minutes three times a week that this will take care of the problem. We have data refuting that.

In reality, we need people to stop drinking sugary beverages like soda.

Soda is the one consumable beverage that is repeatedly cited as having the biggest impact on obesity rates. From a public health standpoint, we want soda out of schools and we want cities to really decrease intake of soda—and Coca-Cola knows this and knows they are being proactive and defensive

against taxes on soda and other limitations.

**What does a sustainable weight loss regime look like?**

It looks like making regular, sustainable dietary changes. It does not have to be a complete revamp of someone's way of eating since that is not typically sustainable.

But, in most cases, it has to involve dropping 300 or more calories per day; that can be done by dropping a couple sodas per day. People have to commit to this and prepare themselves—weight loss is a marathon and not a sprint.

**Exercise is important for sustaining weight loss though, right? Can you talk a bit about what the literature says on that?**

Exercise makes people feel good. Avoiding food can just make people feel deprived. Exercise also gets people distracted from wanting food or other stressors, and it alleviates stress.

**But exercise also has real physical benefits.**

Right. We are burning calories. It's good for all of our systems—from our heart to our digestive system to our psychological well-being. People

should exercise for their health overall but alone it's not good for weight loss.

**Researchers are supposed to note their funding sources. So, if scientists acknowledge their work is supported by Coke, does it resolve conflicts of interest?**

I think that's a good ethical question. Funding research is expensive. If Coke or anyone wants to contribute to unbiased research, then I don't want to stop them. I don't think that's inherently a bad thing. Obviously, there is a conflict of interest, and I don't think it's an accident that Coke seems to be targeting people who have been doing physical activity work their entire careers and not people who have been doing eating and diet work. I am not arguing that exercise isn't important but it strikes me as a bit suspect. No respectable researcher would be part of an enterprise that

hides results that do not support the Coke message, and some of these researchers are well known and quite reputable so I do not think that is on the table.

I think the issue is what is done with the results and how they are presented to the public. Coke is spending millions of dollars here and has a marketing PR budget that researchers don't have so they can take the findings and share them and use them to try to fight policy and all these laws that are being debated about taxing soda.

Coke has this body of evidence that is biased since they are funding exercise studies and not diet studies. They can then use these in public policy debates, and I think that could be really worrisome.

## **BEWARE THE GRANDPARENT SCAM**

**It's making the rounds again. Here's what you need to know to protect yourself**

by Stacey Colino, AARP 2018

Beware if you receive an urgent phone call from someone claiming to be a family member.

This is how the grandparent scam typically plays out: You get a call from someone pretending to be

your grandchild. The person explains that he is in trouble, with a story that goes something like this: "There's been an accident and I'm \_\_\_\_\_ (in jail, in the hospital, stuck in a foreign country), and I need your help." The

caller adds enough details about how, what or where the emergency happened to make the story seem plausible. And the distraught caller, you think to yourself, does sort of sound like your grandson or granddaughter.

Often the caller tells you that a third person, such as a lawyer, doctor or police officer, will “explain everything to you” if you call him or her. “This makes it seem more real when you call and talk to the *authority*,” says attorney Kati Daffan, assistant director of the division of marketing practices at the Federal Trade Commission (FTC). Then the caller asks you to send or wire money immediately, with the kicker, “Please, don’t tell Mom and Dad!”

This financial ruse has been making the rounds in various incarnations for years. In 2017 nearly one in five people reported losing money in an impostor scheme like the grandparent scam, amounting to a loss of \$328 million, according to the FTC. And those ages 70 and older have suffered the highest average losses.

“The scammers are very good at what they do — they make the story very convincing and urgent so that you wouldn’t want to make a mistake,” Daffan says.

“The stakes are incredibly high, and they’re good at pulling at your emotions.

They know how to get your fight-or-flight response activated so that your critical thinking faculties are just not the way they are normally.”

Here’s what you need to know about this scam.

### **How the tricksters choose their targets**

Sometimes it’s random, but often it’s not. “They can buy lead lists of people who’ve been scammed before, people who are older or people they can get lots of personal information about,” Daffan says. Sometimes the information is gleaned from social networking sites like Facebook, Twitter or Instagram, or by hacking into your email account (your contact list may include the names of relatives).

### **How to handle this if it happens to you**

First, hit the pause button on your natural inclination to panic. “What people need to do is slow down” and think of what they need to do to determine if the situation is for real, Daffan explains. “Verify the person’s identity by asking questions someone else couldn’t possibly answer,” such as the name and species of your grandchild’s first pet. Also, get off the

phone and check with a family member or the person who supposedly

called you. Your grandchild may just answer her phone from the privacy of home or a dorm.

“The other thing that’s a dead giveaway is how they want you to get the money to them,” Daffan says.

Usually, it’s through a wire transfer service (such as Western Union or MoneyGram), an overnight delivery service or courier (with a check or cash), or a prepaid card or gift card, in which case the scammer will ask you to read the numbers on the back of the card over the phone. “That’s just like turning over cash to somebody,” Daffan warns. Don’t do it! Remember, “Court systems and hospitals don’t accept gift cards as payment,” Daffan adds.

## **How to protect yourself in the future**

Ramp up the privacy settings on your social media accounts and safeguard your email by using antivirus and anti-spyware software, the Consumer Federation of America advises. Also, don’t open attachments in emails from people you don’t know or aren’t in close contact with, because they may contain software programs that enable criminals to access your computer remotely.

If you’re a victim of a grandparent scam or another form of fraud, report it to the FTC at [ftc.gov/complaint](http://ftc.gov/complaint) or by calling 1-877-FTC-HELP. AARP’s Fraud Watch Network also provides tips and advice on how to spot and avoid scams.

# **WHAT TODAY’S SENIORS WANT AND VALUE**

By Steven Barlam [LIVHome](http://LIVHome) 2017

**Today’s seniors are redefining aging. Understanding their values, preferences and hopes is the best way to bring value and work with the elderly. Here’s how.**

If sixty is the new forty, what’s eighty?

When working with the elderly, this is an important question.

## **What do seniors want and value?**

The single best way to serve seniors and their families over time is to understand who today’s new seniors are and what they want. In fact, the

greatest value-added you can offer is to understand what's important by being tuned in to the senior's values, preferences, desired outcomes and hopes rather than simply making assumptions.

### **Baby Boomers Are Redefining Old Age**

Assumptions can really miss the mark: aging is not what it used to be. Gone are the days of senior citizen discounts, nursing homes with field trips, meal programs, and Bingo. Today's seniors are members of the baby boomer generation. Boomers are accustomed to autonomy, engagement and a good deal of control over their lives.

They would rather work out in the state-of-the-art gym, or log in at the cutting-edge computer labs, offered by local senior centers. They'll play games remotely with their grandkids or read the news on their iPads.

I visited a relatively new senior center in Los Angeles, and the music playing included the Beatles, The Rolling Stones, and The Doors. As I looked around, I saw that folks were tapping their feet to the beat. It struck me — this group of seniors is redefining the aging process. Working with the elderly is now much different.

**How? It all comes down to these three words: “Connected, current and in control.”**

### **What the New Senior Wants and Values**

In my 30-plus years working with the aging population, I've noticed that today more than ever, seniors know what they want, which is why they:

Demand control.

Request to be included in processes and decisions.

Are highly savvy consumers.

Are well plugged-in, engaging with social media for example.

Are vocal and adamant about what they want and will accept.

### **4 Tips for Understanding and Working with the Elderly**

For you and your business, this means several things:

#### **Offer your older clients control and choice.**

When working with the elderly, rather than presenting a single option you see as most fitting, offer an array of solutions to discuss together. This will help them feel relaxed. For example, instead of saying, “I think an annuity would be best for you,” walk them through the pros and cons of the alternatives in the context of their specific circumstances, values, and desired outcomes. Point them toward articles where they can learn

more about the details of each option. Take the time to have a conversation about the trade-offs and how these will affect their life and legacy, empowering them to reach the decision on their own thanks to your gentle guidance.

### **Bring technology into the picture.**

It's easy to assume that seniors will not want to use technology, or do not know how. But today's generation of seniors is in an intermediary place within the technological revolution: many appreciate and embrace [new technologies](#) even as others may choose to avoid it. An easy way to suss this out is to ask them. And for the seniors you work with who are tech-savvy, teaching them new ways to use their gadgets will not only help them stay in touch but will also boost their sense of connectedness and thus their well-being. And it'll make the job you do for them go more smoothly.

### **Listen.**

After years of living, the elderly individuals you're working with know themselves and their needs well. Take the time to hear the stories that provide the context for their

preferences. Maybe they are fiercely independent and would be crushed by any solution involving material or logistical help from their children. Or perhaps they have experienced the Great Depression and fear the risk and volatility of stocks. You will gain deeper insights from understanding their perspective, and they will value being heard.

### **Confirm.**

Having listened, confirm that you have heard by recapping and reaffirming it: "If I understood correctly, the most important things to you in creating an estate plan are x, y, and z. Did I get that right?" By doing so, you will communicate that you have listened well. Importantly, you will also find out whether you heard correctly — which will help you do the best possible job when working with the elderly.

Talking with elderly clients through the lens of their wants, needs, and values will enable you to build a stronger, more productive and gratifying relationship with the seniors you work with.



# FILING A COMPLAINT AGAINST A FEDERAL OR STATE GOVERNMENT AGENCY

## Federal Government Agencies

To file a complaint against a federal agency:

- First, contact the agency. View an A-Z index of federal agencies.
- If you cannot solve the issue with the agency, contact the office of the Inspector General (IG) of that agency.

## State Government Agencies

To file a complaint against a state, local, or tribal agency, contact the agency. View state or territorial government websites.

## More Help

You can also contact your congressional representative's constituent services office in your district:

- Locate a senator.
- Locate a representative.
- Call the United States Capitol switchboard at 1-202-224-3121.

## File a Complaint with the U.S. Postal Service

Do you have a complaint, compliment, or suggestion for the U.S. Postal

Service (USPS)? Maybe you're looking for more information about USPS's services. There are several ways to let them know:

- Use the USPS website's Email Us form. Select an inquiry type that most closely relates to the complaint or question that you have. On the website, you can also file a claim or request a refund for shipping.
- Call 1-800-ASK-USPS (1-800-275-8777) or TTY: 1-800-877-8339.
- Speak to the station manager (postmaster) at a local post office.
- Write to the U.S. Postal Service's Consumer Advocate office at:

United States Postal Service  
Office of the Consumer Advocate  
475 L' Enfant Plaza, SW  
Washington, D.C. 20260-2200  
**Theft, Fraud, or Waste by the USPS or a USPS Employee**

File a complaint with the USPS Office of the Inspector General (OIG) by:

- Filing an online complaint
- Calling 1-888-USPS-OIG (1-888-877-7644)
- Finding more information about contacting the OIG

## **Mail Fraud or Theft by a Person or Company**

The U.S. Postal Inspection Service is the federal law enforcement agency that protects the mail system. Contact them to report:

- Mail fraud - File an online mail fraud complaint.
- Mail theft - Find out how to file a mail theft complaint online.

## **Comment or Complain About a Policy Change**

To comment or complain about a major policy change, such as postage rates, contact the Postal Regulatory Commission (PRC).

You can do so by using their online contact form.

## **Suing the Federal Government**

To bring legal action against a federal agency, you must begin by contacting the agency directly. The agency will provide you with information and forms, and attempt to settle the problem in-house.

If you decide to move forward with a lawsuit (tort claim), you should obtain a Standard Form 95 (SF-95) - Claim for Damage, Injury, or Death.

While you do not have to use a SF-95 form to file a claim, it is a convenient format for supplying the information necessary to process a claim.

For more information about this process, contact the Tort Branch of the Department of Justice's (DOJ's) Civil Division.

# **HOW THE SIMPLE ACT OF DAILY WRITING CAN SIGNIFICANTLY IMPROVE YOUR MENTAL HEALTH**

From NBC Universal 2021

Research has linked expressive writing to a number of positive health benefits, including fewer stress-related visits to

the doctor, improved immune functioning and reduced depressive symptoms.

Can a daily writing practice change your brain? The science says yes.

Allison Fallon is an author and the founder of Find Your Voice. Fallon's book "The Power of Writing it Down" focuses on the healing that can come from expressive writing. "The biggest thing that writing does for us is it helps us access another part of our brain that we're less likely to use on a daily basis," Fallon said. The part of our brain used in the writing process is the same part of the brain used in therapy, which partially explains the benefits of writing emotionally, she said.

"Writing gives us a space on the page to talk about things in a way that we wouldn't otherwise be able to talk about them, a safe space to express our deepest thoughts and feelings about a topic," Fallon said. "We don't feel like there's another place where we're able to do that."

The British journal *Advances in Psychiatric Treatment* has linked expressive writing to a number of positive health benefits, including fewer stress-related visits to the doctor, improved immune functioning, a greater sense of well-being and reduced depressive symptoms. The same study also showed positive behavioral outcomes like better attendance at work, improved memory and improved social and linguistic behavior.

Fallon said she believes there's very little writing can't change. And she knows firsthand the benefits of writing for emotional health. Writing became a powerful instrument for her when she was going through her own traumatic experience.

"It wasn't until I went through a divorce," she said. "I left an abusive relationship in my life. It was a really challenging time in my life, where my professional life and my personal life collided together." Fallon said her personal connection with expressive writing was "so deeply cathartic and healing for me to be able to read the story, and see myself on the page."

If you're ready to try out expressive writing Fallon offered NBCLX a version of what she calls "the infinity prompt," an exercise that will turn events from everyday life into material that can be digested and understood through the writing process:

- **Start with an event that feels particularly charged.** She says to use an event from your life that has a lot of emotional weight as a starting point for exploration.
- **Write the facts of the situation.** Act like a journalist and report what happened in the situation from an unemotional perspective. This will take your subjective

viewpoint out of the situation.

- **List your beliefs about the event.** From there, write out the ideas you have about the facts you listed, or the story you
- 
- have told yourself about the event.
- **Describe the emotions that resulted from the event.** This is where you write how the incident made you feel, and examine how your thoughts and beliefs determine your response to events.

The goal is to understand how your

thoughts create an emotional environment which in turn creates your reactions or responses. This prompt can be repeated over and over with different events in your daily life to help unravel how your beliefs affect your own behavior.

As Fallon began to journal her experience with her divorce, she said she started to find healing. “Although the details of what I had been through, which were horrific and tragic, had not changed, the way that I felt about those details had changed very significantly,” she said. “I no longer felt like a victim to my circumstances. I felt like I had overcome impossible odds. I felt really hopeful about my future.”

## ASK THE DIETITIAN: IS IT TOO LATE TO EAT AFTER 8 P.M.?

BY TRINH LE, MPH, RD MYFITNESSPAL 2019

It’s common to hear the phrase “don’t eat after 8 p.m.” when you’re trying to lose weight.

But when you think about it in terms of calories, the math doesn’t work out. As long as you stick to your goal and eat fewer calories than you burn, you should lose weight.

Here’s what you should know about eating late at night:

### THE PROBLEM WITH EATING LATE AT NIGHT

Eating most of your calories during the day rather than at night is helpful because we tend to overeat in the evening. Sadly, your eating choices are not logical, calculated moves solely aimed at getting you to your goal weight. Every decision is guided by emotions and bodily states. Despite

good intentions, a crazy commute, hectic schedule, sleep deprivation or other stressor can make it hard to follow through with a healthy diet.

Picture this scenario: During the day you were disciplined with what you ate, but you came home stressed and voracious. Before fixing a meal, you wolf down a handful of chips, cookies, nuts or whatever's convenient. Tired and sleep-starved, you polish off dinner in front of the TV or computer screen.

Sound familiar? Your evening meal evaporates in a blur because:

- Willpower, a limited psychological resource, gets exhausted throughout the day, which can make it difficult to resist an extra dessert at dinnertime.
- Negative emotions can drive emotional eating. It's not uncommon to use food as a mood regulator, specifically to relieve feelings of stress, anxiety or loneliness. Even if that's not the case, you may decide to use food as a reward for a hard day's work.
- Sleep-deprived from your busy work schedule, you find yourself craving sugary, high-fat foods.

This example paints a dramatic exaggeration of reality, but it makes a point. If you're eating excess calories

in the evening, it adds up over time and prevents you from reaching your goals.

#### 4 TIPS FOR EATING AFTER 8 P.M.

Nighttime may not be the best time to load up on calories, but if you have no other choice, you can still make it work.

1. Keep evening portions small. Instead, plan bigger meals for breakfast and lunch. Eating more calories during the day helps you stay satiated so you aren't ravenous when dinner rolls around. This also helps if you suffer from heartburn and indigestion; large dinners are not your friend, especially if sleep comes soon after.
2. Avoid trigger foods in the evening. These are the foods that hook you after one bite, and they're different for everyone. Common trigger foods include potato chips, cookies, ice cream, popcorn or nuts. It doesn't mean you have to eliminate them from your diet completely, but it's best to avoid consuming them at night when you are more likely to overeat.
3. Don't eat in front of screens. This includes TV, computers, phones and video games. Entertainment puts your brain on autopilot so you don't pay attention to your body's cues that you are full and satisfied. As a result, you are more likely to consume excess

calories.

4. Make sure to prioritize a good night's rest. When in doubt, go to bed and get some shut-eye. Time and again, research shows sleep deprivation is linked to weight gain because it increases appetite. Not only will sleep help you manage your weight — your heart, brain and immune system will thank you, too.

## THE BOTTOM LINE

In a perfect world, you can eat your calories whenever you like with zero consequences. In practice, it's complicated. With today's fast-paced world, it can be hard to strike a balance between your career, social obligations and health goals. So, if you find yourself eating late at night, practice the tips mentioned above.

## SOURCES OF A SENIOR'S BAD MOOD

By Renata Gelman, Partners in Care 2019

Caring for your loved one every day is stressful in any situation, and it becomes especially challenging when your loved one is never satisfied. Everything you do just doesn't seem to be enough. You may begin to feel like you are letting them down, even though you are efficiently handling all their requests. You feel hopeless because they just won't let up with the constant complaints, criticisms and demands.

Sometimes you may not understand your loved one's reasoning; therefore, you take the criticism or complaints personally.

It is important to take a step back and analyze the situation with a fresh set of eyes. Why is mom suddenly upset when I prepare her usual breakfast of oatmeal and fruit? Why does dad resist

assistance when I'm only trying to help? To find the answers, you may need to do some detective work.

### **Common Factors That Can Cause a Senior's Bad Mood**

**Could it be stress?** It's no surprise that stress takes a toll on one's body, mind and soul. Seniors can become especially irritable when feeling stressed, and caregivers need to have compassion and learn to not take things as seriously. Try to understand they are perhaps feeling vulnerable and just need to vent to someone. Unfortunately, that someone may be you — but try to keep a positive attitude.

**Is it health related?** Changes in behavior could be a sign of physical or

mental decline. Look for these signs, as well as signs of pain. Keep in mind that your loved one might be confused or afraid to say anything to you about it. Cognitive difficulties can have strange or surprising sources, such as bacterial infections like a Urinary Tract Infection (UTI). If you notice changes in your loved one's behavior, contact their doctor and request an evaluation.

**Are medications to blame?** Drastic shifts in personality can be the result of new medications or even new drug interactions. Keep a lookout for changes in behavior after your loved one begins a new prescription, and always make sure a pharmacist checks all drug combinations. Abuse of prescription medications can cause marked changes in personality as well.

**Has this been a life-long behavior?** In some ways, people change, grow and evolve with age. But

it is very likely that if your loved one has been grouchy, verbally abusive, or just plain mean his entire life, old age will not cure that. In fact, the personality traits may become more prevalent. How does a caregiver handle an elder who is never going to change? Read the next tip!

**Take a step back and set some boundaries.** Breathe. Relax. Be patient. Figure out a good plan to set boundaries for your loved one if their behavior gets out of control, because you don't want to feel burned out. Get some help. Taking a break will help both you and your loved one deal with the frustration. If your loved one needs more help than you can give, or you feel you are no longer willing to care for that person (a normal reaction to difficult elders) consider a home care company. Your loved one will be in good hands, and you can keep your sanity.

## **TRANSPORTATION SAFETY: HOW SENIORS CAN MAINTAIN INDEPENDENCE OUTSIDE THE HOME**

Senior Citizen Times 2019

It can be hard to admit your vision isn't what it used to be, especially when it comes to driving. Maybe you've noticed some difficulties reading traffic signals, or you've found it challenging to drive at night.

If you're a family member noticing these warning signs in a loved one, pointing out these challenges may seem like a daunting and delicate undertaking. But when it comes to

being on the road, safety is one thing you can't ignore.

Encouraging your loved one to prioritize safety can be hard, especially when it feels like their independence is at stake. That's why it's important to have an open and honest discussion to determine the best options for maintaining independence outside the home.

### **Step 1: Address driver safety**

Vision is the most important sense for driving safety. Annual vision screening is important for everyone, but it is especially critical for older people, since the sensory data used for driving is predominantly visual.

For seniors still able to drive, a defensive driving class can be beneficial.

These classes allow students to brush up on skills while gaining confidence and introduce them to alternative transportation options for the times and locations of their preference. What's more, many insurance companies provide discounts to seniors who complete these courses.

Giving up driving doesn't have to mean choosing between all or nothing. For example, start limiting driving to daylight only, non-rush-hour periods.

Then look into supplementary transportation options that eliminate

the need to drive while still allowing you to get where you need to go.

### **Step 2: Research transportation options**

It's important to educate yourself or your loved one about locally available transportation options for seniors. When you know there are reliable, cost-effective transportation options available, it can help maintain a high level of independence for a trip to the grocery store or a doctor's appointment.

Rides in Sight is a nationwide, online database of senior transportation options built by ITNAmerica, a national nonprofit organization dedicated to providing sustainable transportation options for seniors. Visit [www.ridesinsight.org](http://www.ridesinsight.org) and enter basic information like your state or zip code, and you can find the ride option that's best for your situation. If you prefer to access information by phone, call 1-855-60-RIDES (1-855-607-4337).

Rides in Sight makes it easy to find customized transportation, no matter what a person's needs. For example, you can find wheelchair accessible transportation options or door-to-door driver assistance if that's what you need.



### **Step 3: Implement a trial period**

Giving up the keys is easier if you do it over a period of time. Pick a date and schedule your first ride with a transportation service during a time you normally drive. Any change takes time to adapt to, so try it out for a while before reassessing and making any necessary adjustments. After this trial period, you should feel more comfortable with someone else driving you, and you get to be in control of your mobility.

For older Americans, it's important to be able to maintain independence when they limit or stop driving. When they are encouraged to create their own driving transition plan, more emphasis can be placed on finding new passions and activities to engage with their communities. The result is a positive impact on people of all ages. To have that impact, reliable, secure transportation is essential. Having the necessary conversations and researching appropriate transportation options helps keep everyone happy, healthy and safe.

## **WHY YOU SHOULD GET UP AND WALK AFTER DINNER**

BY SARAH SCHLICHTER MYFITNESSPAL 2019

When you eat a heavy meal, it can often make you feel sluggish afterward and even disrupt sleep. But getting up and taking a short walk after eating can help combat this. Not only is walking a great low-impact activity to help you stay healthy overall, it can specifically aid digestion and control blood sugar levels — preventing crashes in energy. Here, a look at the research and why evening walks are particularly beneficial for digestion and controlling blood sugar:

### **EFFECTS OF HIGH BLOOD SUGAR**

Chronic high blood sugar can negatively affect your health. Over time, it can cause damaged blood vessels, nerve problems, kidney disease and vision issues. Chronic high blood sugar can also lead to insulin resistance and impaired glucose tolerance, risk factors for Type 2 diabetes.

## HOW WALKING AFTER EATING HELPS

While walking any time of the day can have positive effects on health, taking

a stroll after a meal may be especially effective for managing blood sugar levels. A study published in Diabetes Care found walking for 15 minutes after a meal three times a day was more effective in lowering glucose levels three hours after eating compared to 45 minutes of sustained walking during the day.

Walking at night might be the most beneficial since many people eat their largest meal in the evening and then tend to sit on the couch or lay down after. Another study focusing on individuals with Type 2 diabetes found that even 20 minutes of walking post-meals may have a stronger effect on lowering the glycemic impact of an evening meal in individuals with Type

2 diabetes, compared to walking before a meal or not at all.

## HOW IT CAN HELP DIGESTION

Individuals suffering from digestion problems and discomfort may also see some benefits from walking. A small 2008 study found walking increased the rate at which food moved through the stomach. Other research has found that walking after a meal may improve gastric emptying in patients with longstanding diabetes, where food may typically take longer to digest and empty from the stomach.

THE BOTTOM LINE -- Walking is one of the most studied forms of exercise, with research demonstrating it's an ideal activity for improving health and longevity. Try going for a brief walk after a meal (especially in the evening) to help with digestion and blood sugar control.

# HUMOR FOR SENIORS

## GRANDPARENTS

1. She was in the bathroom, putting on her makeup, under the watchful eyes of her young granddaughter, as she'd done many times before. After she had applied her lipstick and started to leave, the little one said, "But

Grandma, you forgot to kiss the toilet paper good-bye!" I will probably never put lipstick on again without thinking about kissing the toilet paper good-bye....

2. My young grandson called the other day to wish me Happy Birthday. He asked me how old I was, and I told him, 62. My grandson was quiet for a moment, and then he asked, "Did you start at 1?"

3. After putting her grandchildren to bed, a grandmother changed into old slacks and a droopy blouse and proceeded to wash her hair. As she heard the children getting more and more rambunctious, her patience grew thin. Finally, she threw a towel around her head and stormed into their room, putting them back to bed with stern warnings. As she left the room, she heard the three-year-old say with a trembling voice, "Who was THAT?"

4. A grandmother was telling her little granddaughter what her own childhood was like. "We used to skate outside on a pond. I had a swing made from a tire; it hung from a tree in our front yard. We rode our pony. We picked wild raspberries in the woods."

The little girl was wide-eyed, taking this all in. At last she said, "I sure wish I'd gotten to know you sooner!"

5. My grandson was visiting one day when he asked, "Grandma, do you know how you and God are alike?" I mentally polished my halo and I said, "No, how are we alike?"

"You're both old," he replied.

6. A little girl was diligently pounding away on her grandfather's word processor. She told him she was writing a story.

"What's it about?" he asked.

"I don't know," she replied. "I can't read."

7. I didn't know if my granddaughter had learned her colors yet, so I decided to test her. I would point out something and ask what color it was. She would tell me and was always correct. It was fun for me, so I continued. At last, she headed for the door, saying, "Grandma, I think you should try to figure out some of these colors yourself!"

8. When my grandson Billy and I entered our vacation cabin, we kept the lights off until we were inside to keep from attracting pesky insects. Still, a few fireflies followed us in. Noticing them before I did, Billy whispered, "It's no use Grandpa. Now the mosquitoes are coming after us with flashlights."

9. When my grandson asked me how old I was, I teasingly replied, "I'm not sure."

"Look in your underwear, Grandpa," he advised "Mine says I'm 4 to 6."

10. A second grader came home from school and said to her grandmother, "Grandma, guess what? We learned how to make babies today."

The grandmother, more than a little surprised, tried to keep her cool. "That's interesting," she said. "How do you make babies?"

"It's simple," replied the girl. "You just change 'y' to 'i' and add 'es'."

11. Children's Logic: "Give me a sentence about a public servant," said a teacher.

The small boy wrote: "The fireman came down the ladder pregnant."

The teacher took the lad aside to correct him. "Don't you know what pregnant means?" she asked.

"Sure," said the young boy confidently. "It means carrying a child."

12. A grandfather was delivering his grandchildren to their home one day

when a fire truck zoomed past. Sitting in the front seat of the fire truck was a Dalmatian dog. The children started discussing the dog's duties.

"They use him to keep crowds back," said one child. "No," said another. "He's just for good luck."

A third child brought the argument to a close. "They use the dogs," she said firmly, "to find the fire hydrants."

13. A 6-year-old was asked where his grandma lived. "Oh," he said, "she lives at the airport, and when we want her, we just go get her. Then, when we're done having her visit, we take her back to the airport."

14. Grandpa is the smartest man on earth! He teaches me good things, but I don't get to see him enough to get as smart as him!

## HEALTHY HABITS FOR LIFE: 10 TIPS FOR BETTER SLEEP

BY MYFITNESSPAL STAFF 2019

Sleep impacts us in more ways than we realize. The lack of it can be detrimental to weight-loss success as well as our overall well-being — it's also been linked to dementia. We know the much-touted finding that humans need 7–9 hours of sleep to

function optimally, but how we get the most out of those precious hours is another question. Part of adopting a healthy sleep habit into our life is to prioritize the ritual of preparing for bed, practicing good sleep hygiene and setting aside the time to actually sleep.

Here, 10 tips to ensure solid shuteye becomes nothing short of a way of life:

## CREATE THE RIGHT ENVIRONMENT FOR SLEEP

By now, we know to make our bed and bedroom a sleep sanctuary, complete with blackout curtains to promote

darkness, temperatures between 65–68°F and absolutely no technology. In fact, even the right pillow makes a difference in your sleep quality. It also might seem counterintuitive, but counting sheep just stresses you out more. Try using meditation or setting aside time to worry and keep stress to a minimum when your head hits the pillow.

## WHAT YOU WEAR TO SLEEP MATTERS

Since we sleep better in chilly temperatures, some find sleeping naked to be pretty effective. However, Under Armour, along with Tom Brady and scientists, worked to develop special fabrics that aid in recovery while sleeping. The main feature is it helps regulate your body temperature and aids circulation with its bioceramic-patterned fabric.

## WHAT YOU EAT MATTERS, TOO

Culprits like heavy dinners, caffeine, alcohol and midnight

snacks are pretty obvious. However, there are a number of foods to eat for a good night's sleep — like bananas for their magnesium and carbs that help produce serotonin, salmon for B6 to help with hormone production and tart cherries for melatonin (to name a few). The good news is, the better you sleep, the better you are able to control cravings and sugar consumption.

## SOME SLEEP POSITIONS ARE BETTER THAN OTHERS

Once you've created your sleep sanctuary, found the ideal sleepwear to regulate your body temperature, eaten the right foods for better sleep and avoided foods and drinks that hurt your sleep, you're almost there. Next, consider how you sleep. If you sleep on your side or even your back, you're in luck as these are better sleep positions for quality shuteye.

## SLEEP USUALLY BEATS WORKING OUT

When the alarm clock goes off and it's still dark outside, the natural question becomes: Is it better to sleep an extra hour or wrench myself out of bed to work out? Turns out there's a study for that, and it suggests sleep edges out exercise. However, instead of making this an either/or proposition, plan to go to bed earlier so you can get in your morning workout, too.

## SCREENTIME IS NOT GOOD FOR SLEEPTIME

One of the top culprits of poor sleep is spending too much time on our laptops, tablets and smartphones. The blue light emitted from these screens messes with our brain's production of melatonin, which can reset your body clock and delay sleep. It's best to set a time to shut off technology, and you definitely shouldn't bring gadgets into the bedroom. Instead, consider reading a book.

## EXERCISE HELPS YOU SLEEP BETTER

Sleep and recovery go hand in hand since sleep is when your muscles repair and recover. However, just like sleeping helps your athletic performance, exercising helps your sleep performance by increasing the amount of time you're in deep sleep. Aim to get the recommended 150 minutes of exercise a week for better quality sleep.

## NAP IF YOU MUST

If your productivity is slipping, you're constantly hungry or you fall asleep immediately after your head hits the pillow, you're likely sleep deprived. In these cases, or if you've had a

particularly heavy training session, a good nap could be a godsend.

After all, sleeping is the best way to make up for lack of sleep. If you can't take a nap, a few ways to get through the day include getting outside and soaking up as much natural sunlight as you can and watching your cravings throughout the day.

## KNOW YOUR SLEEP CYCLES

We've heard a lot about REM sleep, when we dream and how our brain processes emotions and memories, but so much more happens as we sleep. Each stage of our sleep cycle plays a role in our recovery, and non-REM sleep is linked to consolidating memories and clearing out detrimental compounds in our brains.

## KNOW YOUR SLEEP NEEDS

Being able to hone in on how much sleep you need is perhaps the first step in optimizing sleep. Whether you operate fully at 7 hours of sleep or 9, knowing your sleep needs helps you plan your day to set yourself up for success. It's rare to sleep too much, but if you need help winding down, spas are starting to offer treatments for sleep.

# THE IMPORTANCE OF MAINTAINING A POSITIVE ATTITUDE WITH AGING

by the National Care Planning Council 2019

## **How Attitude Affects Our Health, Quality of Life and Longevity**

Empirical evidence seems to substantiate a general observation that individuals who are upbeat and sunny also appear to be healthy and actively engaged in good things. Longitudinal studies – particularly of seniors – generally back up the empirical observations. Numerous studies have followed cohorts of US seniors over the years and surveyed attitude and health. In general, the better the attitude the better the health and the longer the life.

These studies, however, have to be carefully designed. There can be anomalies in this assumption that attitude affects our health, quality of life and longevity. This is particularly true when a major life change occurs such as retirement. Some individuals hate their jobs and their attitude is not good. Retirement brings an opportunity for new challenges and possibly a different career. For these people, there is generally an improvement in health, quality of life and longevity.

For others, retirement or the death of a spouse may bring on an unfavorable attitude towards life. Depression may

set in and quality of life, health and longevity suffer as a result. Even without depression, a lack of zest for life will have negative impact for the future.

## **How Religious or Spiritual Activities Affect Our Health and Quality of Life**

There is some evidence that people who are highly religious or who attend church services regularly or who pray regularly seem to do better with the aging process. A gerontology study done in 1999 examined almost 4,000 North Carolina residents who were ages 64 to 101. This six-year study examined the incidence of death and how it correlated to attending church services. Findings were that people who attended religious services at least once a week were 46% less likely to die during this six-year period of the study.

Other studies that have been done reveal that people who attend religious services or who feel that they are spiritual, experience less depression and anxiety, have better health such as lower blood pressure and fewer strokes

and these people say that they are healthier.

It's not known whether the actual state of mind produces a better aging process or whether being religious results in a healthier lifestyle. Or perhaps it is that certain personality types are represented by those who attend services regularly and those personality types handle aging better. This then brings up the question of whether someone later in life can "get religion" and improve the aging process. More studies are needed to determine whether religion and spirituality are a personality or lifestyle trait that results in healthy aging or whether a religious state of mind produces better aging, regardless of the psychological makeup of the person who is considered religious.

### **The Benefits of an Optimistic Outlook**

Research has found that feeling happy or optimistic about life can lessen the burden of chronic pain and possibly reduce the chances of developing cardiovascular disease. A study done by the Mayo Clinic followed a selected group over 30 years. The study found that those individuals in the group who were determined to be "optimistic" on a standard personality test had a death rate that was 80% of those whom the test determined to be "pessimistic."

Staying positive also reduces the risk of developing prolonged depression in later years. Depression has been found to be associated with dementia or Alzheimer's disease. Depression has other effects on aging seniors as well.

A depressed state often results in poor nutrition, lack of exercise and lack of mental stimulation through socialization with others. All of these have a debilitating effect on health, on the possibility of developing cancer or cardiovascular disease and possibly accelerate the risk of developing some sort of dementia.

All of the issues related to the aging process are interrelated with each other. For example, exercise improves mood and makes a person feel more positive which then leads to better health. Or as another example, reducing stress can lead to a more positive attitude which again leads to better health and longevity.

The beauty of understanding this interrelatedness is that even though there are a number of different negative influences that affect the aging process, attacking them one at a time will also mitigate the effect of some or all of the other negative influences. It's a synergistic effect that allows one to improve prospects without having to address all of the negative influences at the same time.



## **The Effect of Retirement**

As discussed previously, retirement can have either a positive or a negative effect on the aging process. The individual who has struggled for years hating his or her job and is looking forward to retirement has the opportunity at retirement to develop a better attitude – a more positive attitude – which could have a positive effect on future health and longevity. There is however a major caveat. If the person is going into retirement without adequate retirement income and without a plan to engage in productive postretirement activities, attitude will change temporarily and positively for a few years, but lack of stimulus and lack of income to do anything will eventually result in a negative attitude, possible depression and an acceleration of the aging process.

Despite the sometimes-positive aspect of retirement discussed above, as a general rule, retirement has a negative impact on aging. A new report from the Institute of Economic Affairs reveals that at retirement there is an initial boost in health, but after a certain period of time the retiree has an increased 40% risk of developing depression as compared with pre-retirement. In addition, the report indicates that the risk for developing a physical health condition is increased by 60% after retirement. The report goes on to point out that self-reported excellent or very good health

decreases by 40% in retirement and the risk for needing medication for a diagnosed physical condition increases by 60%. Based on this study, the researchers suggest that potential retirees should seriously consider postponing their retirement if health and opportunity allow it.

Retirement is not much different from losing a job in that many individuals struggle with a loss of identity and structure. Those who retire must replace that daily challenge of going to work and being productive with something else that provides fulfillment. Otherwise, negative outlook, depression, lethargy, poor health and other factors that increase the aging process will come into play and result in a poor quality of life for the future of the retiree.

Another factor to consider is the relationship with the spouse. During working years, spouses spend more time with their jobs and less time together. Retirement reverses that relationship. Being underfoot constantly – especially for a man – irritates and exasperates the other spouse (the woman) and can lead to relationship problems. It is not surprising, that the divorce rate among individuals over age 65 is quite high.

For many individuals approaching retirement years, a bad economy and lack of savings are forcing a decision to delay retirement. More than 4 in 5

older Americans expect to keep working during their later years, a sign that traditional retirement is out of reach for vast swaths of society, according to a new survey.

Among Americans ages 50 and older who currently have jobs, 82% expect to work in some form during retirement, according to the poll by the Associated Press-NORC Center for Public Affairs Research. In other words, "retirement" is increasingly becoming a misnomer.

However, this decision to delay retirement is not entirely dependent upon the need to keep working. Many older individuals simply do not want to move to a phase in their life where they have no challenge and nothing to look forward to. For these people, there is no such thing as retirement in the sense of losing current employment and doing nothing but playing, watching TV or traveling. These people do not look forward to such a life. Many of these people will quit their current employment but will seek out other challenging employment or self-

employment opportunities simply because they want to continue to remain engaged.

The days of retiring at the age of 65 are over for many. In fact, a report by the Transamerica Center for Retirement Studies found that 56 percent of Americans expect to work past age 65 or do not plan to retire at all. Further, the majority of workers – 54 percent – plan to work even after they retire from their current employment. The truth is, many people are now embracing their older years as some of the most fulfilling of their lives. Reaching age 65 no longer means that it's time to retire to your home and deal with aches and pains, forgetfulness and loneliness; instead, for many, this is a time for new beginnings. Given this new attitude towards retirement, it is actually possible for many people to see an improvement in health as they grow older. New challenges, a more positive attitude and the desire to live a healthier life could actually improve the aging process and increase longevity.

## 10 COMMON MEDICARE MISTAKES TO AVOID

**Errors can prove costly to new enrollees**

From AARP 2020

Missing deadlines, delaying enrollment or choosing the wrong plan

can cost you a bundle when it comes to Medicare. Here's a list of 10 common

mistakes new Medicare enrollees make and how to avoid them, according to the Medicare Rights Center, a nonpartisan, not-for-profit consumer service organization.

### **1. Not signing up for Medicare at the right time**

Timing, as they say, is everything. It's especially important when it comes to enrolling in Medicare. As you approach 65, you'll want to enroll during what the government calls your **initial enrollment period (IEP)**. This seven-month period goes from three months before the month in which you turn 65 until three months after.

If you don't sign up during your IEP, you will get another chance to enroll during Medicare's annual general enrollment period, from Jan. 1 through March 31 of each year. However, if you enroll at that time, your coverage won't begin until July. And, because you enrolled late, your monthly premiums for Medicare Part B—which covers your doctor visits and other outpatient services—will likely cost you more.

### **2. Blowing the special enrollment period**

If you are 65 or older, when you stop working and lose your health insurance coverage or when the insurance you have through your

spouse ends, you'll need to sign up for Medicare. Medicare has created a special enrollment period (SEP) that lets you do that without facing a late enrollment penalty.

Again, timing is everything. What many people don't realize is that you can only use this SEP either while you are covered by job-based insurance or for eight months after you no longer have job-based insurance.

### **3. Delaying enrollment when your job insurance is second in line**

Even when you have job-based insurance, some employers, depending on their size, can designate Medicare as your primary health coverage when you turn 65. And if you have retiree coverage or COBRA, those are considered secondary coverage.

If your job-based or other private insurance is considered secondary coverage, it will only pay for a medical claim after Medicare has paid its share. So, if your job-related insurance becomes your secondary coverage, it's important to sign up for Medicare. If your job-based insurance is primary, then Medicare becomes your secondary coverage.

The way to find out if your job-based insurance is considered primary or secondary is to ask your benefits manager or human resources department, or seek help from 800-MEDICARE.

#### **4. Not understanding Part B and Part D late enrollment penalties**

For every 12 months you delay enrolling in Part B, your monthly Part B premium may be 10 percent higher. The penalty won't apply if you have job-based insurance or are still under your special enrollment period.

For every 12 months you delay signing up for a Part D plan, your monthly premium may be 1 percent higher. Part D plans cover prescription drug costs. You won't have to pay the Part D penalty if you can show Medicare that you have drug coverage as good as that provided by a Medicare Part D plan.

You should receive a letter from your employer — or insurance plan — in September of each year letting you know if you have drug coverage comparable to a Part D plan. If you lose your drug coverage, you'll be eligible for a two-month special enrollment period, during which you can sign up for a Part D plan without a penalty. But keep that letter so you can show Medicare you did have Part D-comparable prescription drug coverage when the time comes to enroll in Part D.

**Note:** Usually, these penalties last for as long as you have Medicare. But if you are paying this penalty and qualify for and enroll in a Medicare Savings Program or the Extra Help program — which helps low-income older adults pay for Medicare out-of-pocket costs

— you will no longer have to pay the penalty.

#### **5. Not fully comparing original Medicare with Medicare Advantage plans**

If you are eligible for Medicare, you have a choice to receive your benefits through original Medicare or a Medicare Advantage plan. The type of Medicare coverage you choose depends on factors such as your health care needs, the insurance your doctors accept, where you live, whether you travel often and your financial situation.

**Original Medicare** is the traditional program offered directly through the federal government. It comprises Part A, which covers hospital costs, and Part B, which covers doctor visits and other outpatient services. The vast majority of doctors in the country take this insurance. To help pay for your out-of-pocket costs, you can buy a Medigap policy, which has its own separate monthly premium. Original Medicare does not include Part D (prescription drug coverage), so you must sign up for a stand-alone Part D plan if you do not have other drug coverage. Original Medicare does not have a limit on your annual out-of-pocket costs.

**Medicare Advantage (MA)** is a private insurance alternative to original Medicare. These plans provide Part A, Part B and usually Part D benefits. They may also offer certain

benefits that original Medicare does not cover, such as dental or vision care. Some MA plans may also provide some nontraditional services, such as paying for wheelchair ramps, meals delivered to beneficiaries' homes and transportation to medical appointments. These plans may also have different costs and rules than Original Medicare. For example, an MA plan can require you to get a referral from a primary care physician before it will cover care from a specialist. And Medicare Advantage plans generally have a network of providers in your geographic area and may not cover care if you see an out-of-network provider (except in emergencies). MA plans have an annual out-of-pocket limit, and you cannot buy a Medigap policy when you are enrolled in Medicare Advantage.

## **6. Delaying buying a Medigap policy**

Medigaps are supplemental health insurance policies that work with original Medicare. If you have a Medigap policy, it pays part or some of the out-of-pocket costs that Medicare doesn't cover, such as your Part A hospital deductible or the 20 percent coinsurance in Part B. Depending on where you live, you can choose from as many as 10 different Medigap plans. Each policy has a different letter name (for example, Plan A) and offers a different set of standardized benefits. Policies with the same letter name

offer the same benefits, but premiums can vary from company to company.

The best time to buy a Medigap policy is during your Medigap open enrollment period. That six-month window starts when you turn 65 years old and have enrolled in Medicare Part B. It's important to enroll then because during that time the insurance companies that sell Medigap policies cannot deny you coverage if you have a preexisting condition, and they have to sell you a plan at the best available rate. If you try to buy a plan outside of this window, companies may refuse to sell you a policy or may deny you coverage for your existing health problems.

Some states have their own rules governing Medigap policies, so if you made this mistake and didn't sign up during your enrollment period, check with your **State Health Insurance Assistance Program (SHIP)** at [shiptacenter.org](https://shiptacenter.org) to ask about state-specific Medigap rights.

## **7. Not understanding your out-of-pocket costs**

Although Medicare pays the lion's share of the medical costs for its enrollees, you need to be prepared for sometimes substantial out-of-pocket costs. Here's a rundown:

- **Premium:** Each part of Medicare may have its own monthly premium. Most people have no premium for Part A, which covers

hospital services. You will be responsible for the Part B premium, which will be deducted from your monthly benefit if you are collecting Social Security. If you enroll in a Medicare Advantage (MA) plan or a Part D plan, you may also owe a monthly premium, depending on the plan you select.

- **Deductible:** Before Medicare starts paying for the cost of your care, you may have to pay a flat amount, called a deductible. Parts A and B in original Medicare have annual deductibles, and some MA and Part D prescription drug plans also have deductibles. Medigap policies often cover original Medicare deductibles.
- **Copayment:** This is a fixed amount you pay for specific services. For example, under MA plans you may have a copay — usually around \$25 — every time you see a doctor or get another medical service.
- **Coinsurance:** This is where your plan will charge you a percentage of the cost of a medical visit or service. If you have original Medicare, you will owe 20 percent of the cost of the service. So, if you get a blood test that costs \$100, Medicare will pay \$80 and

- you'll be responsible for \$20. Medigap policies also usually cover your 20 percent share.

**Note:** If you have original Medicare, you should make sure the health provider you see accepts Medicare and takes what is called “assignment.” That means the provider is willing to accept the amount of payment on Medicare’s fee schedule for the service they perform. If you see nonparticipating providers, they can charge you up to 15 percent more than Medicare’s approved rate. If you have an MA plan, you should try to go to a network provider because some MA plans won’t cover out-of-network care at all, and others will pay less if you go out of network.

### Mistakes at a Glance

1. Missing the enrollment window
2. Botching the special enrollment window
3. Misunderstanding your job’s insurance
4. Ignoring late enrollment penalties
5. Not fully weighing your options
6. Delaying a Medigap buy
7. Not understanding your out-of-pocket costs
8. Picking a plan that doesn’t have your doctors
9. Taking a drug plan that doesn’t meet your needs
10. Assuming you can’t afford Medicare

## **8. Choosing a Medicare Advantage plan that doesn't include your health care providers**

Each type of Medicare Advantage plan has different network rules.

Most plans are either health maintenance organizations (HMOs), which often require referrals to specialists and rely on primary care physicians to coordinate a patient's care, or preferred provider organizations (PPOs), which have networks of doctors, hospitals and medical facilities that contract with a plan to provide services.

Your costs are typically lowest when you use in-network providers and facilities, regardless of your plan.

If you decide to enroll in an MA plan, check with your providers to learn which plans they accept.

If you have questions, contact your plan for more information. If your providers are not in the plan's network, check to see how much, if anything, the plan will pay for their services.

## **9. Choosing drug coverage that doesn't fully and affordably cover your prescriptions**

Whether you're planning to get your prescriptions covered through a stand-alone Part D plan or under a Medicare

Advantage plan, take some time to learn about the rules, what drugs are covered and what your costs will be.

Make sure your plan covers your needed drugs. Each Part D plan has a list of covered drugs, called a formulary. If your drug is not on your plan's formulary, you may have to request an exception, pay out of pocket for the cost, or file an appeal.

Also find out whether your plan places any restrictions (sometimes called utilization management strategies) on coverage. Some plans may place a restriction on a certain drug, but others may not.

One restriction might be requiring you to get prior approval from the plan before it will pay for a particular drug. Another example of a coverage restriction is step therapy, which means your plan requires you to try other, less expensive drugs before it will cover a more expensive medicine that you may need.

You should also take a look at whether the plan you're considering will give you a good deal at the pharmacy of your choice — or through mail order. Each Part D plan has a network of pharmacies that include both preferred and non-preferred pharmacies. You typically pay less for your prescriptions at preferred pharmacies.

## **10. Assuming you can't afford Medicare**

If you have a limited income, you may be able to get assistance with your health costs through certain programs.

**Medicare Savings Programs (MSPs)** help pay the monthly Part B premium and may help with Medicare cost sharing, depending on the program (there are three types of MSPs). Contact your SHIP at [shiptacenter.org](http://shiptacenter.org) to learn if you are eligible for an MSP.

**Extra Help** is a federal program

that helps pay for some to most of the costs of Medicare Part D prescription drug coverage. Contact the Social Security Administration at 800-772-1213 or visit [ssa.gov](http://ssa.gov) to learn if you are eligible for Extra Help and to start an application.

**State Pharmaceutical Assistance Programs (SPAPs)** are offered in some states to help eligible individuals pay for prescriptions. Contact your SHIP at [shiptacenter.org](http://shiptacenter.org) to learn if there is an SPAP in your state.

# **KEEP ACTIVE AND EAT HEALTHY TO IMPROVE WELL-BEING AND FEEL GREAT**

From National Institute of Diabetes  
And Digestive and Kidney Diseases 2021

Eating foods that are good for you and staying physically active may help you reach and maintain a healthy weight and improve how you feel. You also may find that moving more and eating better could help you keep up with the demands of your busy life and be there for the people who depend on you.

It's never too early or too late to start making small changes to improve your health.

## **Why should I move more and eat better?**

In addition to helping you reach and maintain a healthy weight, staying active and eating better may lower your chances of developing

- type 2 diabetes, or high blood sugar
- high blood pressure
- kidney disease
- heart disease
- stroke
- certain kinds of cancer



But improving your health isn't the only reason to move more and eat better. You may also

- have more energy for work, play, and family
- feel better about yourself
- manage stress better

set a good example for your children, friends, and other family members tone your body—without losing your curves

Your family, friends, and coworkers can be a great source of support as you work to adopt healthier habits. Ask them to join your efforts.

Being healthy is important for them, too. By making healthy choices together, you may find it's easier to move more and eat better.

### **Should I talk to a health care professional before starting a physical activity program?**

Most people don't need to see a health care professional before starting a less intense physical activity, like walking.

However, if you have chronic conditions, such as diabetes—or symptoms of chronic conditions—talk with a health professional about the type and amount of physical activity that's best for you. If you haven't been active,

work slowly toward the goal of 150 minutes per week.

### **How much physical activity do I need?**

To maintain or improve your health, aim for 150 minutes per week—or at least 30 minutes on all or most days of the week—of moderate physical activity. Moderate activities are ones that you can talk—but not sing—while doing, such as brisk walking or dancing. These activities speed up your heart rate and breathing.

If you haven't been active, work slowly toward the goal of 150 minutes per week. For example, start out doing light or moderate activities for shorter amounts of time throughout the week. You can gain some health benefits even if you do as little as 60 minutes of moderate physical activity a week.

For best results, spread out your physical activity throughout the week. Even 10 or 15 minutes at a time counts. And any amount of physical activity is better than none at all.

To lose weight and keep it off, you may need to be even more active. Shoot for 300 minutes per week, or an hour a day 5 days a week. On at least 2 days per week, also try activities that strengthen your muscles. Examples of these activities include workouts using hand weights or rubber strength bands.

### **How can I handle roadblocks to becoming more active?**

Becoming more active isn't easy. Different people may have different reasons for finding it hard to get moving. If some of the roadblocks below sound familiar, try the suggested tips to help you overcome them.

#### **“I don't have time.”**

Try sneaking a few minutes of physical activity at a time into your day. Get started by making these small changes in your daily routine:

- Break your physical activity up into two or three 10-minute walks a day, if you can do so safely near work or home.
- Take regular breaks from sitting at the computer or watching TV. Get up, move, and stretch by lifting your hands over your head. Twist side to side.
- Schedule time to be active as you would a hair or work appointment, and stick to your plan.

#### **“I'm going to ruin my hairstyle.”**

If you avoid being active because you don't want to ruin your hairstyle, try

- a natural hairstyle, short haircut, braids, twists, locs, or wigs
- wrapping a scarf around your hair; when you're done with

your workout, remove the scarf and let your hair air dry.

**Tip:** Physical activity may make the hair look dull or lead to salt buildup. To keep your hair healthy as you stay fit:

- Cleanse your scalp with a clarifying product when needed.
- Avoid harsh products that may strip hair of natural oils.
- Limit the use of heat on hair, such as dryers and curling irons. If you use heat, also use low settings to protect hair from damage.
- For styling ideas, consider viewing YouTube videos and visiting other relevant online hair groups and communities to be informed and inspired.

#### **“It costs too much.”**

You can be active without spending a lot of money—or any money at all:

- Look for free or low-cost classes and activities in your community.
- Walk in a mall, or walk or jog in a park or on a school track.
- Gather friends and neighbors from your apartment complex and hold regular group workout sessions.
- Find workout videos online and on YouTube if you have internet service—or DVDs at the library—and work out at home.

### **“Physical activity is a chore.”**

Some people may be put off by physical activity, especially if they haven’t been active for a while or got hurt and are afraid of getting injured again. However, with some planning and effort, physical activity can be enjoyable:

- Try being active with your kids—walk, jump rope, play flag football or tag, or toss a softball. Children should get an hour of physical activity each day.
- Get a friend or family member to go biking or take a dance class with you. You can cheer each other on, have company, and feel safer when you’re outdoors.
- Enjoy friendly competition with family and friends by setting a weight-loss challenge or entering a walking, biking, or running event for a worthy cause.

Physical activity can be fun when you do something you enjoy.

### **How can I eat healthier?**

An example of a healthy meal includes vegetables, fruits, and small portions of protein and whole grains. These foods provide fiber and important nutrients such as vitamins and minerals. When planning meals for you and your family, think about

including

- a salad or other different-colored vegetables, such as spinach; sweet potatoes; and red, green, orange, or yellow peppers
- fat-free or low-fat milk and milk products, or nondairy products such as almond or rice milk
- different-colored fruits, including apples, bananas, and grapes
- lean beef, pork, or other protein foods, such as chicken, seafood, eggs, tofu, or beans
- whole grains such as brown rice, oatmeal, whole-wheat bread, and whole-grain cornmeal

Treats are okay if you have them once in a while. Just don’t eat foods such as candy, ice cream, or cookies every day. Limit sweet treats to special occasions, and keep portions small. Have one cookie or piece of candy, rather than trying every kind. Remember that alcohol, juices, soda, and other sweet drinks have a lot of sugar and calories.

If you can’t have milk or milk products because you have trouble digesting lactose, the sugar found in milk, try lactose-free milk or yogurt. Besides milk and milk products, you can get calcium from calcium-added cereals,

juices, and drinks made from soy or nuts. Eating dark green leafy vegetables such as collard greens and kale, and canned fish with soft bones like salmon, can also help you meet your body's calcium needs.

### **How can reading the Nutrition Facts label help me?**

Reading the information on the Nutrition Facts label can help you choose foods high in fiber, vitamins, and minerals; and low in sodium, added sugars, and unhealthy fats, which federal dietary guidelines [External link \(PDF, 493 KB\)](#) recommend Americans limit.

The U.S. Food and Drug Administration (FDA) Nutrition Facts label appears on most packaged foods and tells you how many calories and servings are in a box, can, or package. The label also shows how many nutrients are in one food serving. The FDA made changes in 2016 to update the Nutrition Facts label [External link](#).

### **How can I handle roadblocks to healthy eating?**

Eating healthy foods may seem hard when you don't have time to cook or are on a tight budget. Try these tips to get past roadblocks that may keep you from eating well:

**“I don't have time to cook healthy meals; I don't really know how to cook.”**

Eating healthy doesn't have to take a lot of time. Nor do you need to be a chef to prepare healthy meals. Here are

ways you and your family can eat better without spending a lot of time preparing meals:

- Buy frozen or precut veggies and add them to a salad or veggie wrap with pita bread for a quick meal. Or microwave the veggies and add them to whole-grain pasta.
- When you cook, make enough for extra meals. Casseroles with veggies and whole grains, and a whole cooked chicken, may last a few days so you don't have to cook another meal every day. Be sure to freeze or refrigerate leftovers right away to keep them safe to eat.
- If you don't feel comfortable cooking, try something easy, like combining your favorite fresh, frozen, or canned veggies to make a stir-fry. Check out websites [External link](#), videos, and online blogs for more recipe ideas as your confidence builds.

You don't have to spend a lot of money to eat well.

### **“Eating well costs too much.”**

You don't have to spend a lot of money to eat well:

- Avoid buying single portions of snacks, yogurt, and other foods, which costs more. Instead, buy in bulk or larger

sizes and divide into smaller portions as needed.

- Check newspaper ads for food sales. Clip coupons or print them from websites.
- Buy fruits and vegetables in season, when they're cheaper.
- Try canned beans such as black, butter, kidney, pinto, and others. They're loaded with protein, cost less than meat and fish, and make quick and easy additions to your meals.

**Tip:** Store brands may cost less than the most popular or well-known brands. You might have to look on shelves that are higher or lower than eye level to find them. Often, the product's ingredients are the same as, or very similar to, the popular brands.

### **How can I eat well when away from home?**

Here are some ways to make healthy food choices when you're on the go:

- Avoid heavy gravies, salad dressings, or sauces. Leave

them off or ask for them on the side so you can control how much you eat.

- Try to avoid fried foods and fast food. Instead of fried chicken, order baked, broiled, or grilled chicken, or a turkey sandwich with whole-grain bread.
- Share a meal with a friend or take half of it home.
- Take healthy snacks with you to work, such as apples or fat-free yogurt with fruit.

### **I can do it!**

Set specific goals and move at your own pace to reach them. For example, instead of "I'll be more active," set a goal such as "I'll take a walk after lunch at least 2 days a week." Ask your family, friends, and coworkers to help you. They can join you, cheer you on, help you get back on track after a setback, and be there to celebrate your successes!

No matter what, keep trying. You can do it!

## **HERE ARE GARDENING TIPS FOR JUNE FOR TALLAHASSEE**

Harvest your vegetables as soon as they are ripe for freshest taste, to prolong production, and to avoid pest issues. Beans, peas, squash, cucumbers, and okra are often ready.

Harvest Irish potatoes when two-thirds of the tops have died down. Store in a cool, dark place.

Store onions in a dry, airy place.

Start preserving your extra bounty or give to the poor. See [Almanac.com](http://Almanac.com) for canning and preserving tips.

You can still plant okra, southern peas, lima beans, and sweet potatoes.

Plant heat-loving herbs, including basil, rosemary, and Mexican tarragon. Pinch your annual and perennial herbs to promote bushier growth.

Carefully monitor and control for harmful insects. See [Almanac.com/Gardening](http://Almanac.com/Gardening) for our Pest pages.

Remove any dead/finished vegetable plants from your garden; plant new crops in their place.

This is normally a rainy season, but ensure that your garden receives 1 inch of rain per week.

Plant annuals that can take the full sun during hot summer months, including celosia, portulaca, vinca, and some coleus.

Remove any dead or old flowers from your plants to encourage new growth.

Do not remove the foliage of spring bulbs until it has yellowed and dried.

Stake any tall plants to help prevent any damage.

Add bright color to the landscape with perennials, including zinnia, salvia, and blue sage.

Plant palms during these warm, wet months. Make sure that the trunk is not covered with soil or fertilizer.

Lightly prune summer flowering shrubs, such as oleander, hibiscus, and crape myrtle.

For healthy grass, avoid weed and feed products. Only apply herbicides to areas with weed infestations.

If you have areas where grass simply doesn't grow well, consider a ground cover.

Mow your lawn at recommended heights (St. Augustine and Bahia: 3 to 4 inches; Centipede: 1.5 to 2 inches; Dwarf St. Augustine: 2.5 inches).

# QUOTE OF THE MONTH

## FRIENDSHIP

“Don't walk in front of me; I may not follow. Don't walk behind me; I may not lead. Just walk beside me and be my friend.”

**Albert Camus**

For publication in the OLLI times send **your information to George and Harriet**  
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