OSHER LIFELONG LEARNING INSTITUTE

OLLI TIMES

NEWS AND INFORMATION FROM THE MEMBERS AND STAFF TO THE MEMBERSHIP

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APRIL 2019

"GREAT GIVE" RAISES $12,485

EXPLODES GOAL OF $3,000

This year's "Great Give" set an all-time record for OLLI as 232 OLLI members, friends and supporters donated $12,485 for scholarships to be awarded to FSU students who have been nominated by their professors, and who studies are particularly relevant to OLLI members.

According to FSU records, Of the 232 donors, 98 are alumni, 20 are students, 9 are parents, 23 are faculty and staff, 5 are board members, and 65 are listed as friends. Of particular note is that, of the 234, 144 donated $50 or less, demonstrating that while large donations are always appreciated, small donations do add up and are equally appreciated, according to OLLI Director Debra Herman.

The goal of $3,000 was set last year because, in 2017, while the goal was set at $2,500, OLLI raised over $3,000. OLLI Director Debra Herman was elated at the results for this year. "This is an incredible outpouring of support for our OLLI at FSU programs; it is particularly heartwarming knowing that these funds will go to students who want to dedicate their work for the benefit of the senior population," she said.

"A big THANK YOU to all of you who made this wonderful program a success beyond any expectation," she added.

FROM THE FSU INSTITUTE FOR SUCCESSFUL LONGEVITY...

HOW OLD IS TOO OLD TO DRIVE?

Reprinted from The Conversation.

Alice Pomidor, Professor of Geriatrics and Researcher, Institute of Successful Longevity, Florida State University.

When Britain's Prince Philip crashed his Land Rover into another vehicle on Jan. 17, 2019, many people were surprised that he was still driving at age 97. Many thought that surely someone – the queen perhaps? – would have persuaded him to give it up, or would have "taken away" the keys.

Older unsafe drivers are a growing problem, thanks to the baby boom generation. In the U.S., 42 million adults 65 and older were licensed to drive in 2016, an increase of 15 million from 20 years ago. Yet who wants to stop driving? It is not only a major symbol of independence but also a needed activity for older people to be able to shop, go to the doctor and maintain social connections.

I'm a geriatrics specialist physician, a daughter of parents who had to stop driving. I live in Florida, where 29 percent of our drivers are older adults, which everywhere else in the U.S. will experience about 10 years from now. I also serve as editorial board chair of the Clinician's Guide to Assessing and Counseling Older Drivers, a collaborative project between the American Geriatrics Society and the National Highway Traffic Safety Administration, or NHTSA.

I have spent a great deal of time training clinicians how to detect and treat factors leading to the loss of driving skills early enough to prevent crashes and the loss of independent mobility.

Older drivers by the numbers

Older drivers are typically good drivers, but they can have impairments they may not recognize. By 2030, NHTSA estimates that 1 of out of every 4 drivers will be an older adult. About 7,400 adults ages 65 and older were killed, and more than 290,000 were treated for motor vehicle crash injuries in 2016 alone.

Males 85 years and older and 20-24 years of age have the highest crash rates. Age and experience may be a factor here, but far and away the greatest number of vehicular deaths are still from substance abuse-related crashes, accounting for 23,611 out of a total 37,133 deaths in 2017.

According to Centers for Disease Control and Prevention data, most older drivers have good driving habits. The CDC reports that many self-restrict their driving to conditions where they feel safe and confident, such as avoiding high-speed roads, nighttime driving, bad weather or high-congestion times of day.

Know the stop signs

Prince Philip announced on Feb. 9, 2019 that he would give up his driver's license, but only after he and others had suffered serious consequences. So how can others know when it's time to get help or stop driving, for ourselves or for our parents, friends and neighbors? It is all about the skills, not the age.

Key warning signs that it may be time to stop include getting lost, failing to obey traffic signals, reacting slowly to emergencies, using poor judgment, or forgetting to use common safety strategies, such as checking for blind spots.

Vision, cognition and the physical ability to manage the controls to the vehicle are critical functions that we must be able to perform, whether we are young or old in order to drive safely and effectively. Vision is well-recognized as the single most important source of information we use when navigating and making judgments.

Having difficulty with daytime sun glare, as was reported in Prince Philip's crash, or nighttime headlights, brushing into objects on one side, or having to brake suddenly may be signs that something is impairing our ability to perceive road hazards accurately. Regular vision checkups are important to assure that we keep optimal vision for driving.

Cognition is essential to processing all the information we receive, ignoring distractions, remembering our route, responding to traffic signals and making good decisions. Medications and medical conditions such as sleep apnea, Parkinson's disease or dementia can stop us from being able to think and respond well enough to keep ourselves or others safe while driving. Getting a good evaluation from your health care provider can help to minimize these risks and flag situations.

Physical abilities such as turning the steering wheel, neck flexibility and detecting where the pedals are correctly are important for operating the vehicle smoothly. Many of the same conditions associated with falls are also related to motor vehicle crashes.

Possible solutions

People can take brief self-assessments to get an idea of how they are doing, or ask a trusted individual to rate their driving using a tool validated by on-road testing, and discuss the results.

A driving rehabilitation specialist may be helpful in identifying problem areas, learning strategies for improvement and rehabilitating rusty or lost driving skills. You can find one using national databases on the America Occupational Therapy Association or the Association for Driver Rehabilitation Specialists websites.

It may be tempting to get a new vehicle featuring the latest safety features such as collision avoidance sensors, but these are not a substitute for a driver's own skills. And, sometimes changing vehicles may even create mild confusion in a driver accustomed to a certain vehicle.

'Mom, can I take away the keys?'Taking away the car keys could be avoided with earlier discussions about safety and cognition Adult children often want to protect their parents if they notice impairment.

It's important to have open, respectful communication to establish that maintaining mobility and finding alternative means of transportation are key to retiring from driving. These discussions should occur long before there's a crisis.

Being willing and able to stop driving requires having a realistic mobility plan. National and local transportation resources can help people get around without driving, but it does take some effort to get used to planning activities well in advance. New skills may be needed, such as learning how to access ride-hailing services like Uber or Lyft, or someday, managing an autonomous vehicle.Until then, following basic driving safety strategies and keeping as mentally and physically fit as possible is the best way to help us

help ourselves to keep driving for longer periods.This article may be found at: https://theconversation.com/how-old-is-too-old-to-drive-111596?fbclid=IwAR2SeRWbbre7gHyr9VR5dvMkl8MoWoeJb3QrsOiIgulrRYzOd9_h-cGbroA

OLLI MEMBERS TOUR WFSU

What you see on television and hear on the radio is only the tip of the iceberg. What it takes to put that picture and sound on television, and sound on the radio, is what a group of more than 25 OLLI members experienced while touring WFSU.

This behind-the-scenes visit took place on March 8. Upon arrival at the headquarters on Red Barber Way, the group first toured a mini-museum, a collection of antique radios, phonographs and television sets. This collection, a large part of which was donated to the university, brought back memories to those of us who can remember the first TVs and the crystal radios, among other memorabilia of a distant age. (That was most of us.) The group then was split, alternating between touring the radio and TV sides of the broadcast facility. Taylor Cox led the tour on the radio side, and Paul Dam conducted the group through the television studio. The group visited briefly with Tom Flanigan and observed his ON AIR news broadcast.

The group stood behind the TV cameras, sat at the table behind the microphones, saw a reporter read the news on TV, enjoyed the green and blue screen experience, and visited the many rooms where picture and sound come to life in our homes.
The tour, which lasted a bit more than an hour, left the visitors with a greater appreciation of how television and radio programming are accomplished. The overriding message is that it takes teamwork to bring the broadcast to the audience.

OLLI ANNUAL SPRING PICNIC SET FOR APRIL 12

OLLI's Annual Spring Picnic at the FSU Reservation will be held Friday, April 12 at noon. This is always a fun time, sharing good food, installing new officers, and hearing from OLLI scholarship winners. OLLI provides the main course, paper goods and drinks. Members are encouraged to bring a favorite dish to share. The fee is $5 for members who bring a dish; $10 for a guest or members who choose not to bring a dish. Registration deadline is April 5; registration is online on the OLLI website. Contact: Denise-Zabelski-Sever, gethappyolli@gmail.com

THE OLLI LIMELIGHT SHINES ON...

NANCY AND MIKE O'FARRELL

THEYARE IN THE SPRING SEMESTER'S OLLI DONOR SPOTLIGHT

Check the OLLI website and you will find that Mike and Nancy O'Farrell are now in the Spring Semester's OLLI Donor Spotlight!

Mike served as staff director of the Senate Education Committee for almost 30 years before retirement, then lobbied for several school districts before the Legislature for several years

until he “really, really retired” and became an OLLI member.

Nancy retired from office management in 2006, joined OLLI in January of 2007, and have been active since that time. She graduated with a B.A. from Duke University in 1969, and Mike has bachelor's, master's, and PhD degrees from FSU. She served as OLLI president for the 2010-2011 academic year, have co-chaired both the Philanthropy and Scholarship committees, worked as membership/volunteer chair, worked as culture and arts co-chair with Betty Hill, and have been class host numerous times.

Mike has served as class host and loves working in the parking garage at Showcase.
“We both have enjoyed traveling with OLLI Study Abroad to Florence, Barcelona, and the UK, and will return to Italy in June for this year's Study Abroad experience. We've also enjoyed traveling with Collette through the Travel Club on the trip to the Canadian Rockies, and are looking forward to the trip to Ireland in August.” Nancy currently serves on the Inclusivity Committee, and both Nancy and Mike were “simply overwhelmed by the trip to Tuskegee and Montgomery, Alabama.”

Nancy intends to continue to serve on the Inclusivity Committee as she rotates out of other committee service and off the OLLI Member Advisory Council. They have two sons, “two daughters-in-love, and three spectacular grandchildren.”

“As long-time Tallahassee residents, we would often read and hear about the program at FSU for retirees, and we planned to join as soon as our everyday occupations came to an end.

OLLI at FSU has become central to our lives in retirement. We continue to learn and grow, enjoying the classes, social events, shared interest groups, and travel opportunities. We look forward to Study Abroad with OLLI every year. Because we regard the programs of OLLI at FSU as critical to the lives of seniors in our community, we are pleased to support OLLI with both our time, as volunteers, and our treasure so the offerings will be available into the future. And we plan to be around for a long time!”

FIELD TRIPS FOR MAY ANNOUNCED

Two field trips have been set for May, according to coordinator Randy Soule.

On May 10, there will be a tour of the Second Harvest Warehouse; a week

later, on May 17, there will be a visit to the FSU Athletic Department.

Second Harvest of the Big Bend is a food bank that distributes millions of pounds of food every year to hungry families in the 11-county region of the Big Bend. The food distributed includes donated products from national manufacturers, local wholesalers and retailers, other food banks, and local food drives. They also distribute United States Department of Agriculture commodities through the Emergency Food Assistance Program, and food the Second Harvest purchases.

If you have ever wondered how expansive the FSU athletic program is, and want to develop a greater appreciation for its relationship to the entire FSU community, this tour is for you. More information on these trips will be announced in the next edition of the OLLI Times.

CLUB NEWS

OLLI TRAVEL CLUB MAPS FUTURE TRIPS OVERSEAS

The OLLI Travel Club, together with the OLLI Administration, is planning some very special travel experiences for the future. After wonderful trips to Southern Italy (the Amalfi Coast) and Ireland in 2019, there is more of the world to see!

In 2020. the study-abroad trip will be to Greece. This trip is in the planning stages, so look for more information in the near future. We also plan to travel to Newfoundland and Labrador in 2020 where we will explore the Witless Bay Ecological Preserve and look for puffins and whales that call this part of the world home. We'll cruise through the fjords and explore Gros Morne National Park. This trip also includes a ferry ride to cross the Straits of Belle Isle to Labrador, the Butterfly House, exploring lighthouses, and hiking along the Corduroy Trail and the Burnt Head

Trail Loop where woods, meadows, and sprawling ocean vistas comingle with a waterfall and sea arch.

In 2021, we continue to explore the world by visiting Scotland and experiencing the Edinburgh Military Tattoo Festival. Among other experiences, we will explore the Loch Ness, the ruins of Urquhart Castle, and Orkney Island - once a Viking stronghold. More information about this exploration will also be available in the future.

"Twenty years from now you will be more disappointed by the things you didn't do than by the ones you did do."
Mark Twain

OLLI FRIENDSHIP FORCE CELEBRATES FIFTH ANNIVERSARY; MEXICAN GROUP TO VISIT TALLAHASSEE IN NOVEMBER

OLLI's Friendship Force was recently recognized by Friendship Force International (FFI) on the FSU group's fifth anniversary of its founding. FFI "appreciates your steadfast dedication to the mission of promoting understanding across the barriers that separate people, and we wish you many more years of success."

A Friendship Force group from Mundo Maya de Tuxtla Gutierrez, Mexico is scheduled to visit here from November 10-16, 2019. After visiting us, they will spend a week with the club in the Tampa area. Plan to practice the Spanish you're learning in your OLLI classes and volunteer to be a home, day or dinner host for our visitors from Mexico.

Please contact Wendy Johnston at **mrswendyjohnston@gmail.com**if you want to participate.

SPECIAL TO THE TIMES

BONE DENSITY LOSS: WHAT IT IS AND HOW TO PREVENT OR SLOW ITS DEVELOPMENT

Although bones may seem like hard and lifeless structures, bones are living tissues with blood supply and active metabolism. Bones respond to exercise and a healthy diet by becoming stronger. Strong bones are important for health. Bones make up our skeletons and provide structure and support for our bodies.

However, bones also act like a storehouse for minerals that our bodies need, especially calcium.
During a person's lifetime, the body constantly breaks down old bone (through a process called resorption) and builds up new bone. Any time old bone is broken down faster than new bone is made, net bone loss occurs. Bone loss can lead to low bone density(osteopenia), weakness of the bone, and eventually osteoporosis. This can lead to bone fractures (broken bones), even with minimal trauma.
Osteoporosis (or porous bone) is a disease in which bones become weak and fragile. Porous bones have increased fracture risk and are more likely to break. Osteoporosis is a serious disease that affects millions of people worldwide. Without prevention or treatment, osteoporosis can progress without pain or symptoms until a bone breaks (fractures).Fracture from weak bones commonly occur in the hip, spine (vertebral), and wrist.

What Is Bone Made Of?

Bone is made mostly of collagen, a protein that is woven into a flexible framework. Bone also contains calcium phosphate and calcium carbonate, minerals that add strength and harden the framework. The

combination of calcium and collagen gives the bone its strength and flexibility. The flexibility (or ability to withstand stress) of the bone protects it from breaking. Bone is strong because of calcium, but bone also acts like a storehouse for calcium. In fact, more than 99% of the body's calcium is contained in the bones and teeth. The remaining 1% is in the blood.

Even though it is mostly made of protein and minerals, bone is living, growing tissue. Throughout a person's lifetime, old bone is broken down (a process called resorption) and new bone is added to the skeleton (formation). When more bone is broken down than is added to the skeleton, bone loss occurs.

Bone loss occurs when more bone is resorbed than is formed by the body. Many factors determine how much old bone is resorbed and how much new bone is made. Some factors people have control over (such as diet), but some factors are out of their control (such as age).

Most new bone is added during childhood and teenage years. As a result, bones become larger, heavier, and stronger (denser). Bone formation continues until the peak bone mass (maximum solidness and strength) is reached. Peak bone mass (or bone density) is reached around age 30. After age 30, bone resorption slowly begins to exceed new bone formation. This leads to bone loss. Bone loss in women occurs fastest in the first few years after menopause, but bone loss continues into old age. Factors that can contribute to bone loss include having a diet low in calcium, not exercising, smoking, and taking certain medications such as corticosteroids. Corticosteroids are medications prescribed for a wide range of diseases, including arthritis, asthma, inflammat ory bowel disease, lupus, and other diseases. Corticosteroids may cause osteoporosis when used chronically.

Men are also at risk for bone loss. Even though bone loss usually occurs later in life compared to women, men can still be at high risk for osteoporosis. By age 65, men catch up to women and lose bone mass at the same rate.

Additional risk factors such as a small body frame, long-term use of corticosteroids (which are medications prescribed for a wide range of diseases, including arthritis, asthma, Crohn's disease, lupus, and other diseases), or low testosterone (or sex hormone) levels can increase the risk of osteoporosis in men.

Is It Possible to Prevent Bone Loss?

Many factors lead to bone loss. Some factors, such as age, cannot be controlled. However, simple steps can be taken to prevent or slow bone loss.

Eat a Diet High in Calcium

Not getting enough calcium during a person's lifetime significantly

increases the risk of developing osteoporosis. A low-calcium diet is associated with low bone mass, rapid bone loss, and broken bones (see Osteoporosis and Calcium). A diet high in calcium is important. Good sources of calcium include the following:

- Low-fat dairy products, such as milk, yogurt, cheese, and ice cream
- Dark green leafy vegetables, such as broccoli, collard greens, and spinach
- Sardines and salmon with bones
- Tofu
- Almonds

Some foods have added calcium, such as orange juice, cereals, and breads. Calcium supplements are also available.

Eat a Diet High in Vitamin D

Vitamin D is important for the body to absorb calcium from the diet. Without enough vitamin D, people are unable to absorb calcium from the foods they eat. When not enough calcium is absorbed from foods, the body has to take calcium from the bones, causing bone loss and leading to weaker bones. Vitamin D comes from two sources. Vitamin D is made in the skin through direct exposure to sunlight, and it comes from the diet. Many people get enough vitamin D naturally. It is also found in fortified dairy products, egg yolks, saltwater fish, and liver. However, vitamin D production decreases in older people, in people who are housebound, and during the winter. These people may need vitamin D supplements to ensure a daily intake of 400-800 IU of vitamin D.

Exercise

Physical activity during childhood and adolescence increases bone density and strength. Children who regularly exercise are more likely to reach their peak bone density (maximum strength and solidness) than those that do not exercise. People who reach their peak bone density, which usually occurs by age 30 years, are less likely to have significant bone loss that leads to osteoporosis.

The best exercise to prevent bone loss is weight-bearing exercise that works against gravity. These kinds of exercises include walking, hiking, jogging, climbing stairs, playing tennis, and dancing. The second type of exercise is resistance. Elderly people, people with osteoporosis, people who have not exercised for most of adulthood should check with their health-care provider before beginning any exercise program.

Quit Smoking

Smoking is bad for the bones as well as for the heart and the lungs. Women who smoke have lower estrogen levels compared to women who do not smoke. Lower estrogen levels lead to increased bone loss. Women who smoke often go through menopause earlier. Remember that bone loss is most rapid in the first few years after menopause, but it continues even in the postmenopausal years. This means that the earlier menopause occurs, the more years bone loss is experienced and the weaker the bones will become over time. Men and women who smoke may absorb less calcium from their diets. Less calcium from the diet means the body breaks down the bones for the calcium it needs, which leads to bone loss

Limit Alcohol Intake

Regular consumption of 2-3 ounces of alcohol a day may be damaging to bones, even in young women and men. Heavy drinkers are more likely to have bone loss and fractures. This is related to both poor nutrition and increased risk of falling. However, some evidence indicates that moderate alcohol intake may have beneficial effects on bone mass.

HEARING LOSS IN SENIORS: WHAT CAN BE DONE?

Imagine being cut off from communication with your loved ones. Conversations happen around you but you can't really participate, at least not like you used to. It becomes easier to just stay home than to try to go to a party or a noisy restaurant, because it is too frustrating to try and hear what your friends are saying.

That is the unfortunate reality of hearing loss for many seniors every day. About 25 percent of those age 65 to 74 have significant hearing loss, and for those 75 and older the number reaches 50 percent. Surprisingly, the majority of those with hearing loss don't use hearing aids; as a matter of fact, studies show that fewer than one out of three people over the age of 70 who need hearing aids has actually used them.

Emotional impact of hearing loss for seniors

If you are among the many senior citizens who have hearing loss, you know that more than any other sensory deficit, hearing loss cuts you off from other people. And the emotional toll alone is devastating, let alone the toll on physical and social health.

Problems that stem from hearing loss in the elderly include:

- Depression
- Withdrawal from social life
- Loneliness
- Anger
- Decreased personal safety
- Cognitive decline
- Poor health

Seniors with untreated hearing loss report a lower quality of life than those without hearing loss or those whose hearing loss has been treated with hearing aids. The emotional factors involved are a significant part of the problem. Hearing loss adds to the perception that an older person is "slow" or losing their faculties, which is usually not the case. This negative perception from others can then lead to a negative self-perception, which in turn leads to lower self-esteem, frustration and even depression.

The depression, anger and frustration of hearing loss do not operate in a vacuum, however. All aspects of life are affected by these negative emotions. Those who are experiencing age-related hearing loss quite often find that their family relationships suffer due to their inability to hear adequately or fully participate in conversations. A person with hearing loss might be irritable, and lash out at their loved ones out of frustration. Blaming others for mumbling or speaking too softly is common for those with age related hearing loss, as are arguments over the volume of the TV or radio. Another common source of tension is one spouse's refusal to go to parties and social events because he is embarrassed about his hearing loss, and frustrated that he misses most of the conversations.

About 25 percent of those age 65 to 74 have significant hearing loss. Stress is a normal part of everyday life, but for seniors with hearing loss it becomes an extra challenge. An elderly person with a spouse in the hospital, for example, is already under a lot of stress, but imagine if that senior is having difficulty hearing the doctor's words about his medical condition or necessary follow up care.

Financial matters, travel or even matters of personal safety, challenging even for those of us with typical hearing, can be even more scary and confusing if an older person is unable to hear clearly. Another unique problem faced by older people with hearing loss is that culturally, hearing loss is often written off as just a normal part of aging.

True, age-related hearing loss, or presbycusis, is slow to progress; but because of its slow progression, seniors, their family members and their doctors are often slower to acknowledge hearing loss, and do not take it seriously. And even those who eventually do seek treatment are not in any hurry; the average amount of time between noticing hearing loss and

seeking treatment is 10 years. Regular medical care isn't helpful either; surveys show that only 14 percent of doctors make hearing loss screening a regular part of a physical exam. All of this adds up to an epidemic of untreated hearing loss for seniors.

Seniors with hearing loss face physical challenges.

Hearing loss can also take a toll on the physical health of the elderly, whether in the form of diminished personal safety, disease or falls. Those with hearing loss might have difficulty hearing an alarm or a siren, or might not hear someone shouting a warning. They might not hear a doctor's instructions regarding medication or other vital medical information. And studies have shown due to balance issues, those with untreated hearing loss are three times more likely to suffer falls than those without.

The social isolation that often accompanies hearing loss can also be detrimental. Those who are socially isolated are less likely to exercise and more likely to drink, smoke and have an unhealthy diet. These in turn lead to poor physical health and conditions like diabetes, high blood pressure and heart disease. And social isolation due to hearing loss has also been linked to higher rates of cognitive decline in the elderly. In short, hearing loss affects every aspect of life for seniors.

Fortunately the solution may lie in just one easy call to a hearing healthcare professional; if you are a senior citizen, seeking treatment for your hearing loss can help you re-engage in life once again. Don't miss out on another important moment! Thousands of people have already joined http://MemoryGames.biz and are enjoying a better mental health. Start Playing Today – Membership is free for a limited time. You can also find more information about Brain Games for Seniors. Just keep the mind active!

READ MORE, LIVE LONGER: THE HEALTH BENEFITS OF READING FOR SENIORS

Reading is a great pastime. It also comes packed with many benefits.

Think of the last time you read a book, or a magazine article that was worthwhile information? What do your daily reading habits center on? The instructions on the back of a food product? Here are some great reasons to be reading on a regular basis:

1. For stress reduction – stress from your daily life can just slip away when you find yourself in the middle of a great story. A novel can transport you to another place and time. It is a great distraction from the present moment and will drain away tensions and let you relax.
2. Provides mental stimulation – keeping yourself mentally stimulated has been shown by research studies to slow or possibly prevent Alzheimer's and dementia. Keeping your brain in a state of action and engagement prevents it from dwindling or losing its capacity. Brains need exercise too, just like all the muscles in the body.
3. Increasing your knowledge – who doesn't want to be smarter? To know more? To be able to quickly figure out more types of problems? To have a wealth of information at their disposal? You may not remember every iota you read, but the information deposits knowledge into your brain that you can use. It better equips you to tackle challenges. Knowledge you gain is always yours.
4. Expansion of your vocabulary – being articulate and well-spoken can be of great benefit in any profession. It also boosts self-esteem and confidence. People with a better vocabulary get job promotions more quickly.
5. Increases your awareness – reading about scientific breakthroughs, global events and national and local issues increases the window you see the world through. It helps you understand others better.
6. Improves your memory – reading a book gives your brain lots to work with and try to remember, including a variety of characters, scenery and surroundings of the characters, the history that's provided, sub-plots that are developing and so on.
7. Every memory you make forges new brain pathways and also strengthens existing ones. This

helps to strengthen short-term memory recall as well as stabilizing a person's mood.

8. Gives you better analytical thinking skills – especially true when you are in the habit of reading mysteries that you must carefully think through in order to solve. The pieces of the plot are given to you one by one and your brain must try to piece them together to arrive at the solution. This exercise carries over into everyday living to help you solve other problems.

There are other intrinsic benefits of reading specifically for seniors. A chapter a day keeps the doctor away, or at least for those who read on a regular basis. A study done by the University of Michigan found that those who read 3.5 hours a week showed a 23-month "survival advantage."

The study took place over 12 years and focused on three groups of people over the age of 50. It looked at those who don't read books, those who read up to 3.5 hours a week and people who read more hours per week. The study found that those who read more than 3.5 hours per week lived nearly two years longer than those who did not read at all.

In addition to traditional novels, the study also measured people's time reading magazines and newspapers. This group of people also lived longer but not as long as book readers. "Previous research indicates that cognitive engagement required for reading can improve vocabulary, reasoning, concentration and critical thinking skills," said Avni Bavishi, a research assistant. "All of these measures have been linked to survival in other studies."

Though reading does not trump existing health issues, it does stimulate the brain which has also found to slow the onset of dementia and improves overall memory. Other health benefits include reducing stress and improving sleep and concentration. Research done by Pew Research Center found that two-thirds of people 65 years and older reported having read at least one book in the past 12 months. The typical senior reads about three books a year which is a step from the rest who don't read at all.

Studies are needed to determine if there's a similar benefit to reading e-books or listening to audiobooks and whether the genre of book makes a difference but for now, continuing to read the morning paper or a favorite book can provide more benefits than none.

What does your loved one prefer to read: books, newspaper or magazines or nothing at all? Share with us in the comments and let us know if you'll consider introducing more reading into yours or their lives!

LIGHT PHYSICAL ACTIVITY LINKED TO LOWER RISK OF HEART DISEASE IN OLDER WOMEN

FROM THE NATIONAL INSTIITUTES OF HEALTH 2019

Light physical activity such as gardening, strolling through a park, and folding clothes might be enough to significantly lower the risk of cardiovascular disease among women 63 and older, a new study has found.

This kind of activity, researchers said, appears to reduce the risk of cardiovascular disease events such as stroke or heart failure by up to 22 percent, and the risk of heart attack or coronary death, by as much as 42 percent. The results of the study, which was funded by the National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health, appear today in the journal JAMA Network Open.

"When we tell people to move with heart, we mean it, and the supporting evidence keeps growing," said David Goff, M.D., Ph.D., director of the Division of Cardiovascular Sciences at NHLBI. "This study suggests that for older women, any and all movement counts towards better cardiovascular health." Goff added that the findings are consistent with the federal government's most recent physical activity guidelines, which encourage replacing sedentary behavior with light physical activity as much as possible.

In the five-year prospective study, researchers followed more than 5,800 women ages 63 to 97 to find out if higher amounts of light physical activity were associated with reduced risks of coronary heart disease or cardiovascular disease. Across all racial and ethnic groups, the link was clear, said study author Andrea LaCroix, Ph.D., chair of the Division of Epidemiology and director of the Women's Health Center of Excellence at the University of California, San Diego.

"The higher the amount of activity, the lower the risk," she said. "And the risk reduction showed regardless of the women's overall health status, functional ability or even age. In other words, the association with light physical activity was apparent regardless of these other factors." Heart disease is the leading cause of death among American women, and older women suffer profoundly: nearly 68 percent of those between 60 and 79 have it, as do older Americans overall. Of the estimated 85.6 million adults with at least one type of cardiovascular disease, more than half are age 60 or older. The current study involved a racially and ethnically diverse group of 5,861 women who were enrolled

between 2012 and 2014. None had a history of myocardial infarction or stroke. The women were part of the NHLBI-funded Objective Physical Activity and Cardiovascular Health (OPACH), a sub-cohort of the Women's Health Initiative.

Participants wore hip-mounted accelerometers, a device like a fitness tracker, that measured their movement 24 hours a day for seven consecutive days. The accelerometers were also calibrated by age to distinguish between light, and moderate-to-vigorous physical activity—a monitoring detail considered a major strength of the study.

The researchers then followed the participants for almost five years, tracking cardiovascular disease events such as heart attacks and strokes. "To our knowledge, this is the first study to investigate light physical activity measured by accelerometer in relation to fatal and non-fatal coronary heart disease in older women," said LaCroix, who led the OPACH study.

Previous studies have largely relied on self-reporting questionnaires, but most people, the researchers said, do not think of folding clothes or walking to the mailbox as physical activity of any kind." Those questionnaires do not capture the low intensity movements accrued in activities of daily living,"

LaCroix said. Even in her own OPACH findings, she noted, "there was no correlation between the amount of self-reported light physical activity and the amount we measured with the accelerometers. Without accurate reporting, we run the risk of discounting low intensity activity associated with important heart health benefits," she said.

Researchers need to conduct large randomized trials to determine if particular interventions might increase light physical activity in older women, and what effect that would have on cardiovascular disease rates. But the OPACH authors said they encourage this group to increase their light physical activity immediately.

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

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

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