



NEWS AND INFORMATION FROM THE MEMBERS AND STAFF TO THE MEMBERSHIP

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SEPTEMBER 2019

FALL SHOWCASE AND REGISTRATION HIGHLIGHT SEPTEMBER OLLI SCHEDULE

This year's Fall Showcase, featuring class offerings and Special Interest Club planned activities, will take place at the Turnbull Center on Monday, September 16. Registration will begin the following Wednesday, September 18.

"If you have been following Susan Yelton's CURRICULUM CHAT columns in the OLLI Times, you know what exciting and informative classes are scheduled for this Fall. By this

time, you should have received your Course and Activities booklet, so you have a complete picture of what your OLLI volunteers have planned for the Fall," Executive Director Debra Herman said.

"September is always an exciting time because it gives all of our members the opportunity to see what the volunteers have been busy planning for many months," she added. "See you at OLLI."

OLLI TRAVELERS VISIT THE ENCHANTED EMERALD ISLE: IRELAND

Those of us who love to travel had a unique and magnificent experience in August as 29 OLLI travelers headed overseas to the Land of Leprechauns, beautiful and enchanting Ireland.

Following an overnight flight from Atlanta to Dublin, or as the Irish call it, “Dooblin,” we spent three days visiting Ireland’s capital and largest city. (Top picture below.) Whether the group chose a walking tour or a ride with a local guide to see St. Patrick’s Cathedral, OLLI travelers regaled at the sites of Dublin’s history and charm. We toured the Guinness Beer plant, and sampled its finest stout. Some even learned how to properly draw a Guinness draft.

On the fourth day, the group traveled to Kilkenny and Waterford—and anyone familiar with crystal will know what Waterford is famous for. The group had a choice between a tour of the Waterford Crystal or a tour of a Medieval Museum and wine in the 15th century Mayor’s Wine Vault.

Day 5 took us to Blarney Castle and its famous stone, then to magnificent Killarney (not the one just off Thomasville Road). A few took the time, and engaged in the contortions, to kiss the Blarney Stone. Legend has

it that those who kiss the stone are gifted with eloquence and persuasiveness. The following day, we toured the rugged and spectacular coastline, the Ring of Kerry (third picture below), completing the day with a jaunt ride (horse and buggy) through Killarney National Park.

Day 7 took us across the Shannon River to the Cliffs of Moher, finishing up with Irish hospitality at the historic Old Ground Hotel. Then, it was off to Ennis, Galway, and Enniskillen, Northern Ireland. The group toured the quaint shops in County Donegal before making our way to Derry, known for its turbulent political history.

It was near the top of the visitors’ path at the spectacular Cliffs of Moher where OLLI member and former president Frank Alarcon got down on one knee and proposed to OLLI member Kate Kearney who, after overcoming speechlessness, answered Frank’s proposal with a resounding “YES!” It was a very special and poignant moment, especially with the Cliffs of Moher in the background.

Then there was the medieval dinner in a castle, with a show right out of the Knights of the Round Table era. And

Irish singers and dancers reminding us of Lord of the Dance and Riverdance.

On Day 10, we continued our tour of Derry, then journeying to the Inishowen Peninsula and Malin Head, the northernmost point of Ireland, where we visited the northernmost pub in the country. (We visited lots of pubs in Ireland.)

Then we were off to see the Giant's Causeway, formed by volcanic activity millions of years ago. We explored the natural beauty of Ireland via the back roads of the Glens of Antrim.

We then forged ahead to Belfast for a guided tour of Northern Ireland's capital city. We saw the place where the Titanic was built and received the full "Titanic Experience," seeing "Samson" and "Goliath," the cranes that built the Titanic.

Finally, we crossed back into the Republic of Ireland to complete our

whirlwind tour of this magnificent country. From August 19 to 31, Ireland took center stage for OLLI travel.

"It is impossible to accurately describe in words alone, or even in pictures, the awesome beauty of Ireland. Just about every site was met with ooohs and ahhs from our hearty OLLI travelers," OLLI Executive Director Debra Herman said.

"Whatever stories you hear or read about, whatever pictures you've seen, nothing accurately portrays the incredible magnificence of this awesome country. Irish eyes truly smiled on all of us during our unforgettable trip to Ireland."

"If you ever want to see a place that will leave you breathless, by all means visit Ireland," Travel Club Co-Chairs George and Harriet Waas said





Earth Trekkers



...FROM THE PEPPER INSTITUTE

HOMELESSNESS AND AGING

Does homelessness lead to premature aging?



by Anne Barrett, Director of Pepper Institute on Aging and Public Policy

Many Americans can expect to live long lives, often enjoying many years free from chronic conditions and disability. But the opposite is true for our rapidly growing population of homeless older adults. A life on the streets not only threatens health and safety – it also prematurely ages people.

Homeless adults in their 50s and 60s have worse health than non-homeless adults twenty years older.

One study found that homeless adults nearing age 60 were about two times more likely than the average American nearing age 80 to be unable to perform one of the basic activities of daily life, like getting dressed. They were also two times more likely to have a cognitive impairment and four times more likely to have a visual one. And this premature aging has mortality consequences. Studies show that the negative effect of premature aging on life expectancy is greater than that of mental illness or substance abuse.

THE PRESIDENT'S CORNER



John Kilgore, President, OLLI Members Advisory Council
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Linda and I love the OLLI Activities. During registration we usually register for some of the activities we want before we enter the classes we want. Planning for the activities is split into two areas: Culture and Arts which is chaired by Jan Smith (jansmith1642@gmail.com) and Field Trips which is chaired by Randy Soule (firemanrandy18@gmail.com). This fall, the chairs have a great lineup. Culture and Arts will take OLLI members to see **Chicago** presented by the FSU School of Theatre, hear Mozart performed by The

Tallahassee Community Chorus, visit the Bradfordville Blues Club and Mission San Luis, and attend the Quilters Unlimited Exhibition among their many activities.

Field trips include Wolves at Seacrest in Chipley, the FSU Craftsman Studio, the FSU School of Medicine, everyone's favorite the Flowers Bakery in Thomasville, and many more trips. All activities require that participants be members of OLLI (unless otherwise noted). Registration for activities is done along with

registration for classes starting on 18 September.

It has been traditional that members who suggest an activity take on the task of managing the activity and this is still done. However, we are finding that there are activities that do not have sponsors because members request repeats of previous activities, come up with great ideas but don't want to sponsor the event, or the Chair comes up with an idea, but is busy managing all of their other activities.

The Executive Committee recognizes this problem and is proposing a new volunteer opportunity; Activity Captains. This would be a pool of

member volunteers that would step in and sponsor orphaned activities.

Being an activity captain would include, as needed, preparing the write-up for the Catalog, email the attendees with any special instructions, facilitate the formation of carpools, and attend the event to help "herd the cats."

Activity Captains would only be called upon if they are needed and all efforts will be made to match the volunteer with an activity that they want to attend. If you are interested or have questions, please contact me, Harriet Waas (waas01@comcast.net), either of the activity chairs, or any other Board member.

OLLI EXECUTIVE DIRECTOR DEBRA HERMAN ATTENDS SOUTHERN REGIONAL CONFERENCE FOR LEARNING IN RETIREMENT; 2020 CONFERENCE SET FOR EMORY UNIVERSITY

OLLI Executive Director Debra Herman attended the annual Southern Regional Conference for Learning in Retirement in Wilmington, NC (July 29-31). Some of the breakout session topics included:

- Learning with a Theme
- Enhancing the Volunteer Experience to Meet Programmatic Outcomes

- Building Bridges: The Power of Intergenerational Co-Learning
- Volunteers: Our Greatest Resource
- Campus & Community Partnerships: Get Engaged!
- Building Community and Enhancing the Social Experience

"These annual conferences provide an

excellent opportunity to work with other programs geared for seniors, and pick up ideas for our OLLI,” Herman said.

“Another conference with great programming, great networking, and

interesting keynote speakers,” she added.

Next year’s Southern Regional Conference for Learning in Retirement has been set for July 27-July 29, 2020 at Emory University.

COLLEGE OF MEDICINE RECEIVES \$3.75M GRANT TO CONTINUE IMPROVING CARE FOR OLDER ADULTS IN FLORIDA

BY: MELISSA POWELL | PUBLISHED: 2019

The FSU College of Medicine has partnered with national, state and local stakeholders to strengthen the capacity of community organizations to improve care and support for Florida’s aging population. With a \$3.75 million grant from the federal Health Resources and Services Administration (HRSA), the Department of Geriatrics at the Florida State University College of Medicine will help shape the future of health care in Florida.

Florida’s older adult population will number almost 7 million by 2040 and is typically challenged by chronic illness and high numbers of medications.

As one of only two programs in Florida funded by HRSA’s national Geriatrics Workforce Enhancement Program (GWEP), the Florida State-based

North and Central Florida GWEP will address these needs.

“We have partnered with national, state and local stakeholders to strengthen the capacity of community organizations to improve care and support for our aging population,” said Project Director Paul Katz, chair of the department and co-principal investigator of the grant.

As of 2018, the United States had fewer than 3,600 full-time practicing geriatricians and 49.2 million older adults. The demand is especially high in Florida, a state that had only 404 geriatricians in 2017. But the good news is that geriatricians are only one part of the expanding range of health-care options for older adults, and the College of Medicine is committed to developing training and resources for a wide range of health-care professionals.

“Rather than treat an 85-year-old the same as a 30-year-old, we are working to improve processes that screen for cognitive impairment, depression and falls, and reduce medications so that we can address this population’s unique needs,” Katz said. “All these things systematize a comprehensive approach for older adults and improve quality of care.” As a geriatrician and an educator, Lisa Granville, associate chair of the Department of Geriatrics and co-principal investigator of GWEP, knows the importance of incorporating key geriatric-care strategies into practice and training.

“Many look at the complexities of geriatrics and feel overwhelmed,” she said. “Our goal is to provide strategies that feel simple, focus on high-yield areas and empower people to take action toward providing older adults with the best care possible.”

Building upon the success of previous GWEP funding (\$3 million since 2015), the current projects will continue to increase access to a geriatrics-trained workforce. They will encourage strategies that focus on maintaining and reinforcing abilities that people retain even while suffering from dementia; provide programs that

improve family caregiver mental health; train hundreds of professionals within the primary care spectrum; and more.

“What’s unique about this grant is that it highlights interprofessional care and all the different pieces it takes to holistically care for older adults,” said Nicolette Castagna, GWEP community engagement director. “The workforce is defined very broadly, and we’re working with everyone from home health workers to faith-based caregivers, PAs, nurses, physicians, health educators, and assisted-living residents and their families.” Granville said the GWEP is well positioned to strengthen geriatrics-care knowledge and collaboration across Florida’s workforce and improve support within communities as people age.

“Many people talk about the aging population and the concerns coming in the future,” Granville said. “However, as the state with the highest percentage of older adults,

Florida is already working on solutions. It’s a privilege to have the opportunity to broadly explore strategies for enhancing the health of older adults.

CLUB NEWS

TRAVEL CLUB TO MEET ON OCTOBER 11 TO DISCUSS PLANNED TRIPS TO GREECE AND CROATIA IN 2020

The OLLI Travel Club will meet on October 11 from noon to 2 p.m. at the Eastside Library, 1583 Pedrick Road, Tallahassee.

Jack Brinson, Collette Travel representative, will discuss the planned Study Abroad trip in June 2020 to Greece and Istanbul. He will also discuss the August 2020 trip to Croatia, Slovenia and the Adriatic Coast, with an optional side trip to Montenegro.

The trip to Greece is still in its planning stage; however, the other overseas journey is complete and features travel to Dubrovnik, the Dalmatian Coast, Istrian Peninsula and Led Bled, as well as the optional 2-night Montenegro pre-tour extension.

For more information, contact George and Harriet Waas, Travel Club Co-chairs, at waas01@comcast.net.

OLLI BOOK CLUB SETS MONTHLY DISCUSSION SCHEDULE THROUGH JUNE 2020

The OLLI Book Club has set its monthly discussion schedule from September 2019 to June 2020.

The club, which meets at the LeRoy Collins Public Library from 11 to 12:30 p.m. the second Monday of the month; and at Westminster Oaks Pool Clubhouse from 4 to 5:30p.m. on the

second Wednesday of the month, has as its schedule:

September **Say Nothing** by Patrick Keene.

October **The Death of Mrs. Westaway** by Ruth Ware.

November **There There** by Tommy Orange.

December **My Brilliant Friend** by
Elena Ferrante.

January **The Tattooist of
Auschwitz** by Heather Morris.

February **The Devil in the Grove**
by Gilbert King.

March **Becoming** by Michelle
Obama.

April **The Library Book** by
Susan Orlean.

May **Educated** by Tara
Westover.

June **Sing, Unburied, Sing** by
Jesmyn Ward.

HOW DOES CULTURE AND ARTS PLAN FOR YOUR OLLI ENTERTAINMENT?

If you read the August OLLI Times, you know there are a variety of culture and arts activities planned for the Fall Semester. Ever wonder how these are put together?

It's neither mysterious nor like watching sausage being made, but is the result of many discussions, emails and telephone calls by your dedicated Culture and Arts Committee: Marie, Debbie and Jan.

That's right, we are a committee of three! We can always use more members!

When we contact a local museum, gallery, performance venue, music or theatre organization, they are always very happy and excited to know that their exhibit, experience or performance will be attended and appreciated by a group from OLLI! They know that folks with some life experience will appreciate the finer points or artistic magnificence of their contributions to the vibrant culture and arts scene in this community. They

love to share their love of what they do with you! Often, they are willing to give us something extra that the general public may not receive, like a narrated tour, a pre-concert lecture, a reduced price, or open their space just to us.

Reserved seating venues generally will give us a block of good seats so our members can all sit together. It is important that we return their consideration and willingness to work with us so that we continue to have these wonderful opportunities. The best way we can show our appreciation is by signing up and showing up. Performers love to see faces in the audience, and exhibitors love to see a good crowd come to their gallery or museum. For them, it is not just about ticket sales.

Therefore, it is important that, if you sign up for one or more of the activities offered, you carry through and attend.

It is very disheartening for performers to look out to the audience and see a whole or most of a block of empty seats. This has happened with some of our activities in the past. We all know unexpected things happen and plans are disrupted. These are things outside our control and we understand this situation – it has happened to us all. We simply ask that, rather than sign up for several things you may want to attend and then later just decide not to go to some or all of them, you plan your schedule a little more carefully when considering which activities you will enjoy. OLLI no longer maintains wait lists for activities, and each activity has a deadline by which to register.

If you register for an activity and must cancel before the registration deadline,

please do contact Terry or Debra and ask that your registration be withdrawn. This will create a space for someone else to register in time to meet the deadline. After the deadline, no registrations will be accepted, and you cannot send a substitute in your place, regardless of whether that substitute may be an OLLI member.

We are looking forward to an exciting semester of great classes and activities. We hope you will stop by our table at Showcase and meet us!

If you have an interest in serving on the committee, or if you would like to suggest an arts or cultural activity for OLLI members for the Spring semester, please feel free to email committee chair Jan Smith at jansmith1642@gmail.com.

FRIENDSHIP FORCE VISITS BRAZIL

The OLLI Friendship Force Club just returned from an exciting trip to Brazil in July. We spent two days at Iguazu Falls and saw it from both the Brazil side and the Argentina side including a wild and wet ride under the falls. (See picture below.)

We received a warm welcome in Belo Horizonte including a “Welcome Party” complete with music and gift bags for the ambassadors from the United States. They treated us very

special. The week included a guided tour at the Gerrdau Museum of Mines and Metals, bus trips to Inhotim followed by an overnight trip to Sao Joa Del Reu, Tiradentes, and Congonhas where we saw gardens, art, churches and historical places. The Brazilians love to sing and the bus trips included much singing and joy. Many of us also visited the Popes Square with a view of the City and the Mercado or giant market. We were treated to wonderful food at buffets

and small dinner parties. The ‘Farewell Party’ was complete with costumes and dancing including the ‘Brazilian Quadrille’.

We then flew to Campinas and were greeted at the airport by our hosts followed by ‘Welcome Party’. Transportation to events were by bus from a central location. We visited the Cultural Document Center, the Agronomic Institute, the Army Cadets Preparatory School and the Museum of Zoology. Next we visited the City of Vinhedo where we met the Mayor who welcomed us to his city and presented us with a gift bag. They also arranged for the Secretary of the Cultural Center to greet us and he gave us a tour and then had numerous groups entertain us. We also made the local paper the next day. Later we visited Art Museum of Adelio Sarro and they had arranged for Sarro to be there. Then we visited a Botanical Garden in Nova Odessa and

the owner and designer of the gardens greeted us. We visited a winery, Immigration Museum and Cemetery of the Americanos, a huge flower market and Liberty Institute.

The ‘Farewell Party’ was held at ‘Hereford’s Churrascaria’ where they brought skewers of meat to the table as often as you wanted it. A highlight of the carnival theme evening was when one of our hosts dressed in her Carmen Miranda costume to entertain us with her dance and showered us with a variety of different Brazilian candies.

We made many new friends in Brazil. They made us feel like true ambassadors and we hope they will all visit us one day. For more information: contact Wendy Johnston at mrswendyjohnstonN@gmail.com



SPECIAL TO THE TIMES

"OH, MY ACHING JOINTS!" RELIEF FROM JOINT PAIN FOR SENIORS

Creaking knees, hips, and ankles aren't necessarily normal aches and pains that come with age. Your pain might be arthritis.

Luckily, medicine has a lot to offer --- from exercise and alternative supplements to medications and joint replacement.

Creaky, achy joints. A twinge in the knee. A sharp shooting pain from the shoulder to the elbow. No big deal, right?

Wrong. All too often, we assume joint pain is a normal part of aging that we just have to learn to live with. Nothing could be further from the truth, say experts, pointing to a wealth of treatment options from exercise and alternative supplements to medications and joint replacement surgery.

It's a serious problem, because pain can affect every aspect of your life. "Pain is not only the experience of hurting; it affects how you handle your life, your livelihood, your interactions with family and friends," Raymond Gaeta, MD, director of pain management services at Stanford

Hospital & Clinic at Stanford University, tells WebMD.

Gaeta recently published a nationwide telephone survey with some stunning results: Nearly one in five (19%) had chronic pain like that caused by arthritis. Yet nearly half said they didn't know what caused their pain. The vast majority (84%) were taking over-the-counter drugs for their pain.

"The problem is, we're used to the body healing itself naturally, so we always expect that to happen," Gaeta tells WebMD. "With chronic pain, we put up with it, we try pain relievers, but we don't always see a doctor. That's the problem -- people need to talk to their doctors. There are many techniques for pain management out there, but it starts with asking the question - what's wrong?"

"The average person may not be able tell if it's the joint, a torn tendon, or pain in the area of the joint," says Shannon Whetstone Mescher, vice president of

programs and services at the Arthritis Foundation. "A physician needs to evaluate you to make sure you do in fact have joint pain and why."

Getting the Right Diagnosis

Arthritis is a catch-all term that simply means inflammation of the joints - but it's not a simple diagnosis. "We now recognize over 100 different forms of arthritis," Robert Hoffman, MD, chief of rheumatology at the University of Miami Miller School of Medicine. "That's why getting the correct diagnosis is important.

Yet another good reason to see a doctor: "Many people have other conditions that can aggravate arthritis," says Jason Theodoskais, MD, MS, MPH, FACPM, author of *The Arthritis Cure* and a preventive and sports medicine specialist at the University of Arizona Medical Center.

For example, gout is a form of arthritis that can lead to osteoarthritis; hemochromatosis is an inherited disease involving abnormally high iron storage in the body, which causes heart disease, diabetes, and arthritis. Joint pain can also result from cancer that has spread to joints, he notes. "Unless we address the origin of the problem, people won't get the right treatment or pain relief," Theodoskais tells WebMD.

Osteoarthritis: This is often called degenerative joint disease and is the most common type of arthritis in the over-50 crowd. As we get older, the rubbery cartilage that serves as a shock absorber to our joints becomes stiff, loses its elasticity, and becomes more susceptible to damage. As the cartilage wears away, tendons and ligaments stretch, causing pain. It can occur in almost any joint in the body - most commonly in the fingers, hips, knees, and spine.

Symptoms include joint aching and soreness, pain, and bony knots in the finger joints.

Medications, painkillers, and alternative supplements (like glucosamine and chondroitin) can help relieve the pain. But lifestyle changes like weight loss may also be necessary to reduce stress on weight-bearing joints.

Rheumatoid Arthritis : This form of arthritis is very different from degenerative joint disease. The inflammation occurs in joints on both sides of the body - a symmetry that helps distinguish it from other types of arthritis. However, many of the symptoms sound familiar - joint pain and swelling, joint stiffness, and fatigue. Researchers believe that an external organism - like a virus or bacteria - may alter the immune system,

causing it to attack the joints and sometimes other organs.

"Rheumatoid arthritis is not just a benign joint disease," Hoffman tells WebMD. "It can lead to early death. With rheumatoid arthritis, there is quite good evidence that early diagnosis and aggressive treatment can help to maintain function, prevent disability, and improve survival."

Polymyalgia Rheumatica (PMR) and Temporal Arteritis (TA): These inflammatory diseases often occur together and are thought to be related. PMR is a disease involving the larger joints of the body like the hip and shoulders. TA is an inflammation of the blood vessels to the head, including the eyes. Both conditions are caused by the body's immune system reacting against itself.

Pain and stiffness in shoulder and hip joints, fever, weight loss, and fatigue - these are all symptoms of PMR. Often the only symptom is the inability to get out of a chair easily or raising the arms to brush one's hair. The most common symptom of TA is a severe headache - and if not treated, TA can cause irreversible blindness, stroke, or transient ischemic attacks (ministrokes.)

The cause of these disorders is not known, but they seem to occur most frequently in people of Scandinavian or Northern European descent. "Yet once

it's diagnosed, the treatment is very straightforward -- prednisone, a steroid," says Gaeta. "But most people have never heard of this form of arthritis. It points to the need to talk to your doctor."

Fibromyalgia: This chronic disorder creates pain and tenderness at numerous points throughout the body, resulting in serious sleep problems and fatigue. The cause of fibromyalgia is poorly understood, but is not related to any muscle, nerve, or joint injury.

One theory is that the condition may be related to oversensitive nerve cells in the spinal cord and brain. Or it may be due to an imbalance in brain chemicals that control mood, lowers a person's tolerance for pain, possibly triggering a cycle of restless sleep, fatigue, inactivity, sensitivity, and pain.

Though there is no cure for fibromyalgia, treatment is focused on managing pain, fatigue, depression, and other symptoms in an attempt to break the cycle of sensitivity, pain, and decreased physical activity.

Low doses of antidepressant medication taken before bedtime may offer more restful sleep. Other kinds of sleeping pills are not very helpful for people who have fibromyalgia. Nonsteroidal anti-inflammatory drugs (NSAIDs) -- including ibuprofen and naproxen -- may help decrease pain, but they should

be used long-term only under the care of a doctor.

Depression: Sadness is not the only hallmark of depression. There also may be physical symptoms like unexplained aches and pains, studies show. The most commonly cited symptoms are frequent headaches, back pain, joint pain, and abdominal pain - all of which may mask the depression. These physical symptoms may be related to or aggravated by the depression and can linger longer than the emotional symptoms.

Some doctors, like Hoffman, believe that these physical symptoms are really signs of fibromyalgia. "The two conditions do seem to commonly coexist," he tells WebMD. "Also, depression may bring a heightened awareness of pain. Treating the depression is important."

Ask your family doctor for a referral to a specialist who deals with the type of pain you are experiencing, advises Charles Weiss, MD, chairman emeritus of the department of orthopaedics and rehabilitation at Mt. Sinai Medical Center in Miami Beach, Fla.

Lifestyle Changes

While there is no cure for joint pain, you can find relief, the experts say. Treatments range from lifestyle changes to medications to surgery -- and should usually be tried in that order.

Lose weight: If you are overweight, the first step is to shed those excess pounds. Whetstone Mescher points to a recent study showing that losing as little as 11 pounds can cut the risk of osteoarthritis of the knee by 50%.

Start exercising: The next step may be to work with a physical therapist to develop an exercise program that's right for you. All too often, pain victims get caught in a vicious cycle: Their aching joints prevent them from exercising, which causes their joints to weaken further and their condition to deteriorate, Whetstone Mescher explains.

"A physical therapist is key, especially if you don't know where to start," she says. "They can tell you which exercises are best -- usually those that improve strength, endurance, and range of motion -- and recommend specific joint exercises designed specifically for pain relief."

Getting 40 minutes of exercise at a time -- three or four days a week -- is generally advised. Some suggestions:

- If you have access to a pool, water workouts are often recommended. The buoyancy of water supports the weight of the body, taking the stress off stiff and achy joints and making it much easier to exercise.
- Biking, walking, and other low-impact exercises that don't put pounding pressure on the joints

are also helpful. But high-impact exercises such as jogging should usually be avoided, and never subscribe to the "No pain, no gain" mantra, Whetstone Mescher says.

Wear correct footwear. "Buy soft cushiony shoes that provide an extra layer of protective padding," advises Letha Griffin, MD, bone expert and team physician at Georgia State University in Atlanta.

If you smoke, quit. It's been shown that smoking has an effect on both bone health and response to treatment.

Painkillers Can Spell Relief

If lifestyle changes don't ease your pain, medication is often prescribed. For mild pain, a simple painkiller can often help, such as acetaminophen (Tylenol), aspirin, ibuprofen, or other nonsteroidal anti-inflammatory drugs (NSAIDs). A newer class of NSAIDs known as Cox-2 inhibitors includes Vioxx, Celebrex, and Bextra.

In September 2004, Vioxx was voluntarily withdrawn from markets worldwide by Merck, the drug's maker. The decision followed news that a clinical trial showed an increased risk of heart attack and stroke.

In April 2005, the FDA asked that Celebrex carry new warnings about the potential risk of heart attacks and strokes as well as potential stomach

ulcer bleeding risks. At the same time, the FDA asked that Bextra be removed from the market because its risks of heart, stomach, and skin problems outweighed its benefits.

Also in April 2005, the FDA asked that over-the-counter anti-inflammatory drugs -- except for aspirin -- revise their labels to include information about potential heart and stomach ulcer bleeding risks.

For people -- particularly seniors -- who are taking multiple medications for other conditions such as high blood pressure, the doctor may ultimately decide which painkiller to prescribe based on which is safest for you. High doses of acetaminophen, for example, can damage the liver, so they probably wouldn't be recommended for someone with liver problems.

That's why it is so important that a senior never self-medicate, Weiss stresses. "Always ask your doctor before taking drugs, even if they are sold over the counter, without a prescription. Tell him what other drugs have been prescribed to you by other physicians. And be sure to ask about dosage, which can vary according to age."

Whichever type of painkiller is prescribed, seniors should be checked for liver and kidney problems; any loss

of blood; and any change in blood pressure, he says.

Other Ways to Relieve Pain

Heat or cold therapy can often provide temporary pain relief, Whetstone Mescher says. "Some people prefer heat packs, others ice packs," she says, "so try both, and see which works better for you." Neither should be kept on the joints for more than 20 minutes at a time, she adds.

For other patients, "creams such as Ben-Gay that are associated with a warm, peppery feeling can help," Weiss says. "Rubbing the cream stimulates the skin around the joint, reducing pain."

Joint fluid supplements. For patients who have not gotten relief from lifestyle changes and pain medications, a newer approach known as joint fluid

chondroitin sulfate can help relieve pain from osteoarthritis. In addition, research has shown that these supplements, particularly glucosamine, can slow, or even stop, progression of osteoarthritis. Most research has been done on knee osteoarthritis, but experts suspect that other joints would benefit as well.

Derived from crustacean shells, glucosamine supplements are thought to replace missing fluid and promote the growth of cartilage, thereby helping to repair joints, Weiss says. Chondroitin sulfate, often taken in conjunction with glucosamine, may help cartilage from

supplements -- called viscosupplements by doctors -- may be recommended.

The supplements contain a synthetic form of hyaluronic acid, a natural chemical that acts as a lubricant and shock absorber in the joint. Not all doctors agree about this treatment: Some say the benefits are modest at most and may not be worth the discomfort of the injections.

Steroid shots. Corticosteroids are yet another option. Shots of steroids -- artificial versions of the body's natural hormones -- into the joint can reduce inflammation, thereby reducing pain, Weiss says. But though injections are fine as a short-term fix, long-term use is usually not recommended because of potential side effects.

Alternative supplements. In recent years, several studies have shown that glucosamine and chondroitin sulfate can help in breaking down. Both supplements are safe and effective but are slow-acting, requiring several weeks to months of treatment to get relief. Joint replacement. If all else fails to relieve your pain and disability, your doctors may recommend surgery in which an arthritic or damaged joint is removed and replaced with an artificial joint called a prosthesis. These artificial joints, fashioned out of metal and plastic, can be as good as the real thing, restoring movement and function.

"Joint replacement is extremely successful, lasting over 20 years for

more than 90% of patients," Weiss says. But there is some risk: Some patients develop complications, and a small percentage die, with the elderly at greatest risk.

But new sophisticated software helps doctors to better navigate the area of the joint; we can achieve maximum benefit with minimal risk."

BEWARE THE SOCIAL SECURITY PHONE SCAM

It seems there are scams all over the place these days. You've won the lottery of some obscure country or a needy millionaire in Europe is seeking your help transferring funds to the United States.

These kinds of scams can be upsetting, particularly when you realize the reason they exist — because so many people fall for them.

Especially upsetting are the scams that target people who depend on Social Security benefits — and use Social Security's name in their shady dealings. Recently, we have heard of a number of scams where individuals posing as Social Security employees call and ask for personal information like your name, Social Security number and bank account information. The caller alleges that we need this information so we can issue you additional funds or rebates or they allege that because of a computer

glitch your personal information has been lost. Another scam used an email that was designed to look like it came from Social Security.

It provided information about the annual cost-of-living-adjustment and directed readers to a website designed to look like Social Security's site so people could "update their information" — valuable information to identity thieves and criminals. In an effort to combat such scams, we want to make one thing perfectly clear: Social Security will not send you an email asking you to give us your personal information, such as your Social Security number, date of birth, or other private information.

If someone saying they are from Social Security does email you requesting information, don't respond to the

message. Instead, contact your local Social Security office or call us at 1-800-772-1213 (TTY 1-800-325-0778) to see whether we really need any information from you. Whatever you do, don't fall victim to a scam. Don't give out your personal information. Social Security and the Office of Inspector General (OIG) take these scams very seriously. We do everything we can to stop the perpetrators and educate the public. To

When in doubt, contact us at 1-800-772-1213 (TTY 1-800-325-0778) and we can verify the identity of the Social Security employee who has contacted you. The Federal Bureau of

report suspicious activity, please call the OIG Hotline at 1-800-269-0271. If you are deaf or hard of hearing, call the OIG TTY number at 1-866-501-2101.) A Public Fraud Reporting form is also available online at OIG's website: https://www.socialsecurity.gov/fraudreport/oig/public_fraud_reporting/form.htm You will always receive prior notification from us by mail or telephone before a personal visit is made.

Investigation offers a great deal of information on Scams and Safety. Their website is <http://www.fbi.gov/scams-safety>

THE EFFECTS OF WEATHER ON HEALTH AND HOW TO PREPARE

The weather really does affect our moods and health as dramatically as it can affect our roads. Everyone has noticed it to some degree throughout their lives.

Folks living in hot climates with the sun looming viciously overhead notice an energy level entirely different from those living further north.

Even people just visiting climates completely different from their own

are often taken aback by the vast differences in the general attitude of locals compared to that of people back home.

Of course, there are more variables that affect mood than just the weather, but the role of atmospheric conditions on our overall health is a proven field of study of its own. It's not just psychological that there are significantly more suicides in winter months. It's not just a coincidence that mortality rates increase by means of

heart attacks, strokes, pneumonia, influenza, etc. during the winter.

Claiming that disease is simply more rampant during the winter doesn't explain the increased heart attacks, strokes, or suicides. Rather than blaming a change in disease, we should look at the change within our own bodies. The field of science that studies the effect of weather on our health is called human biometeorology. Next time you're feeling glum on cloudy days, remember that there is a physiological explanation. Depression is a chemical process and without understanding and tending to those chemical malfunctions, it's a hard one to beat.

This country has an ever escalating number of people who fall victim to the pharmaceutical sales traps that claim to solve all their psychological problems in a convenient daily pill. Doctors don't tell these people about the link between antidepressants and school shootings or the side effects like gastrointestinal bleeding, reduction of sperm count, increased diabetes risk, and brain lesions.

They don't brief patients about the overwhelming dependency or the severe withdrawal symptoms that have led numerous people to suicide. In this over-prescribed corporate America, pharmaceutical companies have nothing to gain out of revealing the fascinating anti-depressant qualities of

such free sources as sunlight, which can't be patented.

The sun is a person's most crucial source of vitamin D, a nutrient that is actually insufficient coming from pasteurized, homogenized cow milk (the synthetic vitamin D added to your milk is called vitamin D2 and converts in your body 500% slower than the natural Vitamin D3 from the sun). Vitamin D from cow's milk is inadequately absorbed without the supplementation of calcium, magnesium and phosphorus.

A vitamin D deficiency has been linked to a host of physical ailments, including diabetes, heart disease, cancer, allergies, Alzheimer's, obesity, and of course depression. Without enough sunlight, vitamin D deficiency is a great possibility and depressive tendencies may follow.

Knowing this, it's no wonder that suicide and depression rates are increased during the winter months, when the days are shorter and people shack up in their homes to avoid the cold, inadvertently also avoiding the essential Vitamin D2. It's more than just vitamin D that makes sunlight the best antidepressant on the market, though.

There's a neurotransmitter in your brain called serotonin and the levels of this chemical have a profound effect

on your mood. SSRIs, the most popular form of antidepressants, work by affecting levels of serotonin in the brain. But guess what else affects serotonin production in the brain and is absolutely free of charge?

You guessed it, the sun! A half hour walk around the block during the sunniest hours of the day just might be a more effective and less harmful prescription than Zoloft. The effect of changes in the weather on our health is undeniable. Just ask the severe rheumatoid arthritis patient about his joint pain during rainy days.

Atmospheric pressure can be felt by those with achy joints or metal implants in their bodies. They can predict the weather better than some network television meteorologists. How can you be wrong when the atmosphere is in your bones, literally? energy of the sun or lack thereof. Storms excite some people, filling them with adrenaline while they fill others with an apprehensive fear. Even this nervous energy is energy though, and it gets the heart pumping faster than do those calm, cloudy days! Energy levels are also directly affected by temperature. When people are hot, their blood vessels expand, allowing blood to rush through their bodies towards the skin.

Their faces and chests blush a bright red as a biological cooling mechanism. When people are cold, their blood vessels do just the opposite,

Most people have experienced difficulty conjuring up energy on cloudy days. For some, that difficulty hits a lot harder than for others. Those exhaustive sunless days affect us as immediately as they come.

Calm tranquility is a staple of rainy days, so much so that people listen to tapes emulating that noise just to fall asleep.

Sleepy cloudy days plus the therapeutic sound of rain on the rooftop amounts to ultimate relaxation! And think about how energetic you feel when there's a storm screaming outside.

Our bodies reflect the very energy of lightning, just as they reflect the constricting to trap heat inside. This built-in system is the human body's HVAC, keeping it from reaching dangerous levels of extreme temperatures. An inconvenient side effect of this automatic heating system is that with constricted movement of blood, circulation slows down considerably. Every part of the body, including the brain, requires oxygen to function properly.

Oxygen is distributed throughout every organ by means of blood circulation. So, when people get cold, their bodily functions are slowed down in an attempt to retain heat. If external

heating isn't found, this poor circulation can lead to numbness, eventually stopping all vital organs completely. If someone already has poor circulation prior to a cold season, that season's onset can accentuate health problems by limiting blood flow. If someone has a weak heart, for example, poor circulation can cut off vital oxygen to the heart, resulting in a heart attack. A stroke is nothing more than a disturbance of blood to the brain. If someone is already lacking in brain oxygen, cold weather and poor circulation can be the straw that breaks the camel's back.

Not only are there more strokes during winter months, but the severity and fatality of strokes are also increased. This is why it's so important to exercise regularly, to improve circulation and get that oxygen flowing! Being aware of these subtle environmental changes in health, we can prepare for the changing seasons the responsible way.

Seasonal Affective Disorder. The affective influence of the seasons is not a disorder, but a normal relation between our bodies and the world around us. For some people (depending on blood circulation, brain chemistry, physical conditions, preexisting diseases, etc.), the effects of seasonal and environmental changes will be more drastic than for others.

Taking an antidepressant, though, doesn't clear up the root of the problem. It simply covers up the symptoms for the duration of time that you're on the drugs. Meanwhile, it suffocates your body with threatening side effects, some that you notice and others that add up silently over time until it's too much for your body to take.

By being aware of your body's sensitivity to the world around it, you can guide it to a healthier place. If you get tired easily, chances are your circulation isn't all up to par. Warm weather promotes blood circulation, but in these winter months it is more important than ever to be proactive about exercise. Even light exercise like yoga and stretching make a considerable impact on circulation. Dancing is a fun way to get oxygen to those tired organs.

Prescribe your brain with oxygen by exercising daily. It doesn't even take two weeks to notice the difference, unlike with Prozac! Additionally, the effects are longer lasting and there are absolutely zero negative side effects. Get sunlight when it's available, but when it's scarce, force yourself to get up and get that blood moving. Remember the serotonin that your brain releases when you nourish it with sunlight? Well, it is also a side bonus of exercise!

Exercise jump starts your brain's production of the neurotransmitters serotonin, dopamine and norepinephrine. There aren't any antidepressants on the market that do all that, and with no side effects! What you eat plays a substantial role on mood and by eating an alkaline diet, you can encourage optimal blood oxygenation. The food you eat can be used to combat the effects of nasty weather on your health.

According to a study discussed on the Harvard University website, "researchers report that omega-3 fatty acids and uridine, two substances in foods such as fish, walnuts, molasses, and sugar beets, prevented depression in rats as effectively as antidepressant drugs." The "cure" that comes with dangerous drugs is artificial and unnecessary once you examine your healthier alternatives. With sunlight, exercise, diet, and an understanding of your body's sensitivity to the climate you live in, you can be healthier than you've ever been, even in the winter.

With a concentrated effort towards making lifestyle changes, you can achieve a long-term solution that drugs cannot offer. The "cure" that comes with dangerous drugs is artificial and unnecessary once you examine your healthier alternatives. With sunlight, exercise, diet, and an understanding of your

body's sensitivity to the climate you live in, you can be healthier than you've ever been, even in the winter. With a concentrated effort towards making lifestyle changes, you can achieve a long-term solution that drugs cannot offer.

By feeding your brain the neurotransmitters it craves through sunlight, exercise and food, you will notice profound improvements on your overall well-being. The "cure" that comes with dangerous drugs is artificial and unnecessary once you examine your healthier alternatives.

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With a concentrated effort towards making lifestyle changes, you can achieve a long-term solution that drugs cannot offer. By feeding your brain the neurotransmitters it craves through sunlight, exercise and food, you will notice profound improvements on your overall well-being. On cold, cloudy days, remember the healing effect of exercise and on sunny days, don't let that burning ball of free medicine sink to the horizon.

8 TIPS TO MAKE YOUR PASSWORDS AS STRONG AS POSSIBLE

We've been on the internet for almost 35 years, yet we still haven't learned our lesson about online passwords.

According to a recent security study, the most commonly used web passwords are things like "123456" and "password." Sure,

they're easy to remember, but that makes them just as easy to hack. And if you use that simple password across multiple accounts—as a reported 92 percent of online users do—that puts all of your data at risk. Here are eight tips for ensuring your passwords are as strong as possible.

1. MAKE YOUR PASSWORD LONG.

Hackers use multiple methods for trying to get into your accounts. The most rudimentary way is to personally target you and manually type in letters, numbers, and symbols to guess your password. The more advanced method is to use what is known as a "brute force attack." In this technique, a computer program runs through every possible combination of letters, numbers, and symbols as fast as possible to crack your password. The longer and more complex your

password is, the longer this process takes.

Passwords that are three characters long take less than a second to crack.

2. MAKE YOUR PASSWORD A NONSENSE PHRASE.

Long passwords are good; long passwords that include random words and phrases are better. If your letter combinations are not in the dictionary, your phrases are not in published literature, and none of it is grammatically correct, they will be harder to crack. Also do not use characters that are sequential on a keyboard such as numbers in order or the widely used "qwerty."

3. INCLUDE NUMBERS, SYMBOLS, AND UPPERCASE AND LOWERCASE LETTERS.

Randomly mix up symbols and numbers with letters. You could substitute a zero for the letter *O* or @ for the letter *A*, for example. If your password is a phrase, consider capitalizing the first letter of each new word, which will be easier for you to remember.

4. AVOID USING OBVIOUS PERSONAL INFORMATION.

If there is information about you that is easily discoverable—such as your birthday, anniversary, address, city of birth, high school, and relatives’ and pets’ names—do not include them in your password. These only make your password easier to guess. On that note, if you are required to choose security questions and answers when creating an online account, select ones that are not obvious to someone browsing your social media accounts.

5. DO NOT REUSE PASSWORDS.

When hackers complete large-scale hacks, as they have recently done with popular email servers, the lists of compromised email addresses and passwords are often leaked online. If your account is compromised and you use this email address and password combination across multiple sites, your information can be easily used to get into any of these other accounts. Use unique passwords for everything.

6. START USING A PASSWORD MANAGER.

Password managers are services that auto-generate and store strong

passwords on your behalf. These passwords are kept in an encrypted, centralized location, which you can access with a master password. (Don’t lose that one!)

Many services are free to use and come with optional features such as syncing new passwords across multiple devices and auditing your password behavior to ensure you are not using the same one in too many locations.

7. KEEP YOUR PASSWORD UNDER WRAPS.

Don’t give your passwords to anyone else. Don’t type your password into your device if you are within plain sight of other people. And do not plaster your password on a sticky note on your work computer. If you’re storing a list of your passwords—or even better, a password hint sheet—on your computer in a document file, name the file something random so it isn’t a dead giveaway to snoopers.

8. CHANGE YOUR PASSWORDS REGULARLY.

The more sensitive your information is, the more often you should change your password. Once it is changed, do not use that password again for a very long time.

THE 15 MOST COMMON HEALTH CONCERNS FOR SENIORS

Getting older can bring senior health challenges. By being aware of these common chronic conditions, you can take steps to stave off disease as you age.

By Madeline R. Vann, MPH
EveryDay Health (2016)

People in America today can expect to live longer than ever before. Once you make it to 65, the data suggest that you can live another 19.3 years, on average, according to the Centers for Disease Control and Prevention (CDC). For many, then, senior living includes carefully managing chronic conditions in order to stay healthy.

Making healthy lifestyle choices, like quitting smoking and losing weight, can help you avoid senior health risks, though “you also need to be physically active and eat a healthy diet,” explains Jeanne Wei, MD, PhD, executive director of the Reynolds Institute on Aging at the University of Arkansas for Medical Sciences in Little Rock.

Including a geriatrician, a doctor who specializes in the health concerns of aging, on your senior healthcare team can help you learn how to live better with any chronic diseases. Then you too can be among the 41 percent of people over 65 who say their health is very good or excellent, according to the CDC.

1. Arthritis

“Arthritis is probably the number one condition that people 65 or older contend with,” says geriatrician Marie Bernard, MD, deputy director of the National Institute on Aging in Bethesda, Maryland. The CDC estimates that it affects 49.7 percent of all adults over 65 and can lead to pain and lower quality of life for some seniors. Although arthritis can discourage you from being active, it’s important to work with your doctor to develop a personalized activity plan that, along with other treatment, can help maintain senior health.

2. Heart Disease

According to the CDC, heart disease remains the leading killer of adults over age 65, accounting for 489,722 deaths in 2014. As a chronic condition, heart disease affects 37 percent of men and 26 percent of women 65 and older, according to the Federal Interagency Forum on Aging-Related Statistics. As people age, they're increasingly living with risk

factors, such as high blood pressure and high cholesterol, that increase the chances of having a stroke or developing heart disease. Dr. Bernard's advice for addressing this senior health risk not only helps with heart disease but can improve senior health across the board: "Exercise, eat well, get a good night's rest. Eating well means eating in a fashion that will allow you to keep a healthy weight with a well-balanced and healthy diet."

3. Cancer

Cancer is the second leading cause of death among people over age 65, with 413,885 deaths in 2014, according to the CDC. The CDC also reports that 28 percent of men and 21 percent of women over age 65 are living with cancer. If caught early through screenings, such as mammograms, colonoscopies, and skin checks, many types of cancer are treatable. And though you're not always able to prevent cancer, you can improve your quality of life as a senior living with cancer, including during treatment, by working with your medical team and maintaining their healthy senior living recommendations.

4. Respiratory Diseases

Chronic lower respiratory diseases, such as chronic obstructive pulmonary disease (COPD), are the third most common cause of death among people 65 and older, with 124,693 deaths in 2014, according to the CDC. Among

people 65 and older, about 10 percent of men and 13 percent of women are living with asthma, and 10 percent of men and 11 percent of women are living with chronic bronchitis or emphysema, according to the Federal Interagency Forum on Aging-Related Statistics.

Although having a chronic respiratory disease increases senior health risks, making you more vulnerable to pneumonia and other infections, getting lung function tests and taking the correct medication, or using oxygen as instructed, will go a long way toward preserving senior health and your quality of life.

5. Alzheimer's Disease

Alzheimer's disease accounted for 92,604 deaths of people over age 65 in 2014, according to the CDC. The Alzheimer's Association reports that one in nine people age 65 and older, which is about 11 percent, have Alzheimer's disease, but because diagnosis is challenging, it's difficult to know exactly how many people are living with this chronic condition.

Still, experts acknowledge that cognitive impairment has a significant impact on senior health across the spectrum, from issues of safety and self-care to the cost burden of care, either in the home or a residential facility.

6. Osteoporosis

“Osteoporosis can contribute to becoming less mobile and potentially disabled should you fall and have a fracture or as the vertebral bodies collapse,” Bernard said. The National Osteoporosis Foundation estimates that 54 million Americans over age 50 are affected by low bone mass or osteoporosis, putting them at risk for a fracture or break that could lead to poor senior health and reduced quality of life. What’s more, they estimate that by the year 2020 that number will rise to 64.4 million.

7. Diabetes

The CDC estimates that 25 percent of people ages 65 and older are living with diabetes, a significant senior health risk. According to CDC data, diabetes caused 54,161 deaths among adults over age 65 in 2014.

Diabetes can be identified and addressed early with simple blood tests for blood sugar levels. The sooner you know that you have or are at risk for diabetes, the sooner you can start making changes to control the disease and improve your long-term senior health outlook.

8. Influenza and Pneumonia

Although the flu and pneumonia aren’t chronic conditions, these infections are among the top eight causes of death in

people over age 65, according to the CDC.

Seniors are more vulnerable to these diseases and less able to fight them off. Senior healthcare recommendations include getting an annual flu shot, and getting the pneumonia vaccine if recommended by your doctor, to prevent these infections and their life-threatening complications.

9. Falls

The risk for falls requiring emergency room care increases with age. Each year, 2.5 million people ages 65 and older are treated in emergency departments because of falls, according to the CDC. That’s more than any other age group. And, one-third of people who go to the emergency room for a fall may find themselves there again within one year, according to a study published in August 2015 in the *American Journal of Emergency Medicine*. Also be aware that most falls occur in the home, where tripping hazards include area rugs and slippery bathroom floors, according to a study published in January 2013 in the *Journal of Injury and Violence Research*.

10. Substance Abuse

An analysis of data from the National Epidemiologic Survey on Alcohol and Related Conditions suggests that one in five people over 65 have had a substance or alcohol abuse problem at some point in their lives. Alcohol and tobacco topped the list of nonmedical

substances abused by survey participants. Substance and alcohol abuse are a concern for senior health because of possible interactions with prescription medication, their impact on overall health, and the increased senior health risks, such as falls, associated with intoxication.

11. Obesity

Obesity is an important senior health risk factor for heart disease, diabetes, and cancer — all chronic conditions that impact quality of life. As the numbers on the scale increase, so does the risk for disease. Of the adults between 65 and 74, 36.2 percent of men and 40.7 percent of women are obese — meaning that their body mass index is greater than or equal to 30 — according to the CDC. It can also be a signal that an older adult isn't as active or mobile as he or she once was.

12. Depression

According to the American Psychological Association, 15 to 20 percent of Americans over 65 have experienced depression. A threat to senior health, depression can lower immunity and can compromise a person's ability to fight infections.

In addition to treatment with medication and therapy, other ways to improve senior living might be to increase physical activity — 59.4 percent of adults 65 and older don't

meet CDC recommendations for exercise— or to interact socially more — seniors report spending just 8 to 11 percent of their free time with family and friends, according to the Federal Interagency Forum on Aging-Related Statistics.

13. Oral Health

Healthy teeth and gums are important not just for a pretty smile and easy eating, but also for overall senior health. According to the CDC, 25 percent of adults over 65 have no natural teeth. As you age, your mouth tends to become dryer and cavities are more difficult to prevent, so proper oral health care, including regular dental checkups, should be a senior healthcare priority, Dr. Wei said.

14. Poverty

In 2013, 45 percent of adults ages 65 and older had incomes below the poverty level, according to a 2015 Kaiser Family Foundation report. This number takes into account available financial resources, liabilities such as taxes, value benefits like food stamps, out-of-pocket medical expenses, geographic variations in housing expenses, and other factors. Older women are slightly more likely than men to be living in poverty, and that gap widens in those over 80. Single older adults are also significantly more likely to live alone with fewer support base. Poverty affects senior health if you're unable to afford doctor visits,

medication for chronic conditions, and other essential senior healthcare needs.

15. Shingles

Remember that bout of chicken pox you had as a kid? It can come back as shingles when you're an adult. According to the National Institutes of Health, one out of three people over 60

will get shingles, and 50 percent of all Americans will experience it before they're 80. It usually affects only one side of your body, starting out with severe pain or tingling and then developing into an itchy rash and possibly blisters. There is a vaccine available, so talk to your doctor about it.

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