



Generations

Area 13 Agency On Aging & Disability

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Travel Tips for Airport Screening

Getting Your Affairs in Order

Overcoming Roadblocks to Healthy Eating



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Generations

Area 13 Agency On Aging & Disability

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Generations, affiliated with Vincennes University, is a not-for-profit agency which serves older adults, individuals with disabilities of all ages and caregivers in the counties of Daviess, Dubois, Greene, Knox, Martin and Pike, without regard to race, national origin, sex, age, religion, disability, and/or sexual orientation by providing resources that foster personal independence while assuring individual dignity and an enhanced quality of life.

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OLDER AMERICANS MONTH 
CONNECT, CREATE, CONTRIBUTE MAY 2019

Connect
WITH FRIENDS, FAMILY, AND SERVICES THAT SUPPORT PARTICIPATION.

JOIN A SENIOR CENTER and participate in the social activities and programs they offer.
PLAN A GAME NIGHT or crafting activity that brings people together in the name of fun.
VISIT ELDERCARELOCATOR.GOV for services and support to help you stay independent.

Stay connected with family and friends around a dinner table, by phone, or through other methods of communication. 

CREATE 
THROUGH ACTIVITIES THAT PROMOTE HEALTH AND PERSONAL ENRICHMENT.

 Engage in creative activities like gardening, dance, music and art.
TAKE A CLASS or workshop and learn to paint, dance, or navigate social media.
CREATE A FITNESS PLAN that involves physical activity and maintaining a healthy diet.
GO ONLINE to learn a new language, write a blog, or earn a college degree.

Contribute
TIME, TALENT, AND LIFE EXPERIENCE TO BENEFIT OTHERS.

VOLUNTEER by participating in fund raisers, food drives, and community cleanups.
JOIN a local neighborhood organization to be heard and participate in community planning.
SHARE STORIES about history and culture with family and friends.

Provide support to those who need help with chores, trips to the store, and companionship. 

For more ideas, visit acl.gov/oam/2019/resources 

MAY IS OLDER AMERICANS MONTH: CONNECT, CREATE, CONTRIBUTE

Each year, more and more older adults are making a positive impact in and around Southern Indiana. As volunteers, employees, employers, educators, mentors, advocates, and more, they offer insight and experience that benefit the entire community. That's why Older Americans Month (OAM) has been recognizing the contributions of this growing population for 56 years.

Led by the Administration for Community Living (ACL) each May, Older Americans Month provides resources to help older Americans stay healthy and independent, and resources to help communities support and celebrate their diversity.

This year's OAM theme, *Connect, Create, Contribute*, encourages older adults and their communities to:

- **CONNECT** with friends, family, and local services and resources.
- **CREATE** through activities that promote learning, health, and personal enrichment.
- **CONTRIBUTE** time, talent, and life experience to benefit others.

Communities that support and recognize older adults are stronger! Join us in strengthening our community – this May and throughout the year. Visit the official Older Americans Month website for ideas and inspiration, and follow the Administration for Community Living on Twitter and Facebook.

Overcoming Roadblocks to Healthy Eating

National Institute on Aging

Some common problems, like those listed below, can make it harder for older people to follow through on smart food choices. Here are some problem-solving suggestions.

Tired of Cooking or Eating Alone?

Maybe you are tired of planning and cooking dinners every night. Have you considered some potluck meals? If everyone brings one part of the meal, cooking is a lot easier, and there might be leftovers to share. Or try cooking with a friend to make a meal you can enjoy together. Also look into having some meals at a nearby senior center, community center, or religious facility. Not only will you enjoy a free or low-cost meal, but you will have some company while you eat.

Give Cooking a Try

It's never too late to learn some cooking skills—or refresh those you might not have used in a while. You can go online to find information on basic cooking techniques and recipes for one person. Borrow simple cookbooks from your local library, or try an adult education cooking course. TV cooking shows might be helpful—they often show you step-by-step how to prepare and cook foods. Some grocery stores are even beginning to have cooking coaches available to answer your cooking questions.

Problems Chewing Food?

Do you avoid some foods because they are hard to chew? People who have problems with their teeth or dentures often avoid eating meat, fruits, or vegetables and might miss out on important nutrients. If you are having trouble chewing, see your dentist to check for problems. If you wear dentures, the dentist can check how they fit.

Sometimes Hard to Swallow Your Food?

If food seems to get stuck in your throat, it might be that less saliva in your mouth is making it hard for you to swallow your food. Drinking plenty of liquids with your meal might help. There may be other reasons you are having trouble swallowing your food, including problems with the muscles or nerves in your throat, problems with your esophagus, or gastroesophageal reflux disease (GERD). Talk to your doctor about what might be causing the problem.

Food Tastes Different?

Are foods not as tasty as they used to be? It might not be the cook's fault! Maybe your sense of taste, smell, or both has changed.

Growing older can cause your senses to change, but so can a variety of other things such as dental problems or medication side effects. Taste and smell are important for healthy appetite and eating.

Feeling Sad and Don't Want to Eat?

Feeling blue now and then is normal, but if you continue to feel sad, ask your doctor for help. Being unhappy can cause a loss of appetite. Help might be available. For example, you might need to talk with someone trained to work with people who are depressed.

Just Not Hungry?

Maybe you are not sad, but just can't eat very much. Changes to your body as you age can cause some people to feel full sooner than they did when younger. Or lack of appetite might be the side effect of a medicine you are taking—your doctor might be able to suggest a different drug.

Try being more physically active. In addition to all the other benefits of exercise and physical activity, it may make you hungrier.

If you aren't hungry because food just isn't appealing, there are ways to make it more interesting. Make sure your foods are seasoned well, but not with extra salt. Try using lemon juice, vinegar, or herbs to boost the flavor of your food.

Vary the shape, color, and texture of foods you eat. When you go shopping, look for a new vegetable, fruit, or seafood you haven't tried before or one you haven't eaten in a while. Sometimes grocery stores have recipe cards near items. Or ask the produce staff or meat or seafood department staff for suggestions about preparing the new food. Find recipes online. Type the name of a food and the word "recipes" into a search window to look for ideas.

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Overcoming Roadblocks to Healthy Eating

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Foods that are overcooked tend to have less flavor. Try cooking or steaming your vegetables for a shorter time, and see if that gives them a crunch that will help spark your interest. Spices, herbs, and lemon juice add flavor to your food, without adding salt.

Trouble Getting Enough Calories?

If you aren't eating enough, add snacks throughout the day to help you get more nutrients and calories. Snacks can be healthy—for example, raw vegetables with a low-fat dip or hummus, low-fat cheese and whole-grain crackers, or a piece of fruit. Unsalted nuts or nut butters are nutrient-dense snacks that give you added protein. You could try putting shredded low-fat cheese on your soup or popcorn or sprinkling nuts or wheat germ on yogurt or cereal.

If you are eating so little that you are losing weight but don't need to, your doctor might suggest protein and energy supplements. Sometimes these supplements help undernourished people gain a little weight. If so, they should be used as snacks between meals or after dinner, not in place of a meal and not right before one. Ask your doctor how to choose a supplement.

Physical Problems Making It Hard to Eat?

Sometimes illnesses like Parkinson's disease, stroke, or arthritis can make it harder for you to cook or feed yourself. Your doctor might recommend an occupational therapist. He or she might suggest rearranging things in your kitchen, make a custom splint for your hand, or give you special exercises to strengthen your muscles.

Devices like special utensils and plates might make meal time easier or help with food preparation. You can search the U.S. Department of Education's AbleData assistive technology website for information on products designed to make it easier for people to do things on their own. Or call 1-800-227-0216 (toll-free) to learn more.

Can Foods and Medicines Interact?

Medicines can change how food tastes, make your mouth dry, or take away your appetite. In turn, some foods can change how certain medicines work. You might have heard that grapefruit juice is a common culprit when used with any of several drugs. Chocolate, licorice, and alcohol are some of the others. Whenever your doctor prescribes a new drug for you, be sure to ask about any food/drug interactions.

Lactose Intolerant?

Some older people believe they are lactose intolerant because they have uncomfortable stomach and intestinal symptoms when they have dairy products. Your doctor can do tests to learn whether or not you do indeed need to limit or avoid dairy foods when you eat. If so, talk to your healthcare practitioner about how to meet your calcium and vitamin D needs. Even lactose-intolerant people might be able to have small amounts of milk when taken with food. There are non-dairy food sources of calcium, lactose-free milk and milk products, calcium- and vitamin D-fortified foods, and supplements.

Weight Issues Adding to Frailty?

Older people who don't get enough of the right nutrients can be too thin or too heavy. Some may be too thin because they don't get enough food. But others might be overweight partly because they get too much of the wrong types of foods. Keeping track of what you are eating could help you see which foods you should eat less of, more of, or not at all.

Obesity is a growing problem in the United States, and the number of older people who are overweight or obese is also increasing. But frailty is also a problem, and not just in thin people. As you grow older, you can lose muscle strength, but you also get more fat tissue. This can make you frail, and in time, you might have problems getting around and taking care of yourself. Being overweight puts you more at risk for frailty and disability. But, just losing weight is not necessarily the answer. That's because sometimes when older people lose weight, they lose even more muscle than they already have lost. That

puts them at greater risk for becoming frail and falling. They also might lose bone strength and be at more risk for a broken bone after a fall. Exercise helps you keep muscle and bone. Also, for some people, a few extra pounds late in life can act as a safety net should they get a serious illness that limits how much they can eat for a while.

The Dietary Guidelines encourages people 65 and older who are overweight to try to avoid gaining more weight. But, those who are very overweight (obese) might be helped by intentional weight loss, especially if they are at risk for heart disease, suggest the Guidelines. So, if you think you weigh too much, check with your doctor before starting a diet. He or she can decide whether or not losing a few pounds will be good for you and how you can safely lose weight.

**For More Information
on Healthy Eating**

Choose My Plate

www.choosemyplate.gov

**USDA Food and Nutrition
Information Center**

National Agricultural Library

1-301-504-5414

fnic@ars.usda.gov

www.nal.usda.gov/fnic

**USDA Center for Nutrition
Policy and Promotion**

1-703-305-7600

www.cnpp.usda.gov

Getting Your Affairs in Order

National Institute on Aging

Plan for the Future

No one ever plans to be sick or disabled. Yet, it's this kind of planning that can make all the difference in an emergency.

Ben's Story

Ben has been married for 47 years. He always managed the family's money. But since his stroke, Ben is not able to walk or talk. His wife, Shirley, feels overwhelmed. Of course, she's worried about Ben's health. But, on top of that, she has no idea what bills should be paid or when they are due.

Louise's Story

Across town, 80-year-old Louise lives alone. One night, she fell in the kitchen and broke her hip. She spent a week in the hospital and 2 months in a rehabilitation nursing home. Even though her son lives across the country, he was able to pay her bills and handle her Medicare questions right away. That's because, several years ago, Louise and her son made a plan about what he should do in case Louise had a medical emergency.

Long before she fell, Louise put all her important papers in one place and told her son where to find them. She gave him the name of her lawyer, as well as a list of people he could contact at her bank, doctor's office, insurance company, and investment firm. She made sure he had copies of her Medicare and other health insurance cards. She added her son's name to her checking account and safe deposit box at the bank. Louise made sure Medicare and her doctor had written permission to talk with her son about her health and insurance claims.

On the other hand, Ben always took care of family money matters, and he never talked about the details with Shirley. No one but Ben knew that his life insurance policy was in a box in the closet or that the car title and

deed to the house were filed in his desk drawer. Ben never expected that his wife would have to take over. His lack of planning has made a tough job even tougher for Shirley.

What Exactly Is an "Important Paper"?

The answer to this question may be different for every family. Remember, this is a starting place. You may have other information to add. For example, if you have a pet, you will want to include the name and address of your veterinarian. Include complete information about:

PERSONAL RECORDS

- Full legal name
- Social Security number
- Legal residence
- Date and place of birth
- Names and addresses of spouse and children
- Location of birth and death certificates and certificates of marriage, divorce, citizenship, and adoption
- Employers and dates of employment
- Education and military records

- Names and phone numbers of religious contacts
- Memberships in groups and awards received
- Names and phone numbers of close friends, relatives, doctors, lawyers, and financial advisors
- Medications taken regularly (be sure to update this regularly)
- Location of living will and other legal documents

FINANCIAL RECORDS

- Sources of income and assets (pension from your employer, IRAs, 401(k)s, interest, etc.)
- Social Security and Medicare/Medicaid information
- Insurance information (life, health, long-term care, home, car) with policy numbers and agents' names and phone numbers
- Names of your banks and account numbers (checking, savings, credit union)
- Investment income (stocks, bonds, property) and stockbrokers' names and phone numbers

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Getting Your Affairs in Order

Continued from Page 5

- Copy of most recent income tax return
- Location of most up-to-date will with an original signature
- Liabilities, including property tax—what is owed, to whom, and when payments are due
- Mortgages and debts—how and when they are paid
- Location of original deed of trust for home
- Car title and registration
- Credit and debit card names and numbers
- Location of safe deposit box and key

LEGAL DOCUMENTS

There are many different types of legal documents that can help you plan how your affairs will be handled in the future. Many of these documents have names that sound alike, so make sure you are getting the documents you want. Also, State laws vary, so find out about the rules, requirements, and forms used in your State.

Wills and trusts let you name the person you want your money and property to go to after you die.

Advance directives let you make arrangements for your care if you become sick. Two common types of advance directives are:

- A living will gives you a say in your health care if you become too sick to make your wishes known. In a living will, you can state what kind of care you do or don't want. This can make it easier for family members to make tough healthcare decisions for you.
- A durable power of attorney for health care lets you name the person you want to make medical decisions for you if you can't make them yourself. Make sure the person you name is willing to make those decisions for you.

For legal matters, there are ways to give someone you trust the power to act in your place.

- A general power of attorney lets you give someone else the

authority to act on your behalf, but this power will end if you are unable to make your own decisions.

- A durable power of attorney allows you to name someone to act on your behalf for any legal task, but it stays in place if you become unable to make your own decisions.

Help for Getting Your Papers in Order

You may want to talk with a lawyer about setting up a general power of attorney, durable power of attorney, joint account, trust, or advance directive. Be sure to ask about the lawyer's fees before you make an appointment.

You should be able to find a directory of local lawyers on the Internet or at your local library, or you can contact your local bar association for lawyers in your area. Your local bar association can also help you find what free legal aid options your State has to offer. An informed family member may be able to help you manage some of these issues.

STEPS FOR GETTING YOUR AFFAIRS IN ORDER

- Put your important papers and copies of legal documents in one place. You can set up a file, put everything in a desk or dresser drawer, or list the information and location of papers in a notebook. If your papers are in a bank safe deposit box, keep copies in a file at home. Check each year to see if there's anything new to add.
- Tell a trusted family member or friend where you put all your important papers. You don't need to tell this friend or family member about your personal affairs, but someone should know where you keep your papers in case of an emergency. If you don't have a relative or friend you trust, ask a lawyer to help.
- Discuss your end-of-life preferences with your doctor. He or she can explain what health decisions you may have to make in the future and what treatment options are available. Talking with your doctor can help ensure your wishes are honored, and the visit may be covered by insurance.
- Give permission in advance for your doctor or lawyer to talk with your caregiver as needed. There may be questions about your care, a bill, or a health insurance claim. Without your consent, your caregiver may not be able to get needed information. You can give your okay in advance to Medicare, a credit card company, your bank, or your doctor. You may need to sign and return a form.

For More Information About Getting Your Affairs in Order

AARP

1-888-687-2277
(toll-free)
1-877-434-7598
(TTY/toll-free)
1-877-342-2277
(español/línea gratis)
1-866-238-9488
(TTY/español/línea gratis)
member@aarp.org
www.aarp.org/home-family/caregiving/

CaringInfo

National Hospice and Palliative Care Organization
1-800-658-8898
(toll-free)
caringinfo@nhpco.org
www.caringinfo.org

Centers for Medicare & Medicaid Services

1-800-633-4227
(toll-free)
1-877-486-2048
(TTY/toll-free)
www.medicare.gov

Eldercare Locator

1-800-677-1116
(toll-free)
https://eldercare.acl.gov

National Academy of Elder Law Attorneys

1-703-942-5711
naela@naela.org
www.naela.org

National Elder Law Foundation

1-520-881-1076
info@nelf.org
www.nelf.org

Travel Tips to Help Seniors Get Through Airport Security Screening

The article *Travel Tips to Help Seniors Get Through Airport Security Screening* was contributed by AgingCare.com

Marlo Sollitto/Updated November 20, 2018

The Transportation Security Administration (TSA) gets a bad rap for its increasingly strict carry-on guidelines and screening practices at airports. Seniors can have a difficult time getting through airport security checkpoints, especially those traveling with mobility aids and implanted medical equipment.

In 2011, a claim that security officials at a Florida airport forced a 95-year-old woman with cancer to remove her adult diaper as part of a security pat-down went viral on social media, spurring outrage and criticism of TSA procedures. While this is an extreme example, some durable medical equipment and assistive devices, such as pacemakers, wheelchairs and oxygen tanks, can make going through security a hassle.

In response to the 2011 incident, TSA officials released a statement explaining that, "While every person and item must be screened before entering the secure boarding area, the TSA works with passengers to resolve security alarms in a respectful and sensitive manner."

If a senior is still capable of traveling, how can caregivers expedite the process of getting through airport security safely while ensuring their elderly relatives are treated with respect? Sarah Horowitz, spokesperson for the TSA's Office of Public Affairs, weighs in on how certain assistive devices may affect airport security.

Wheelchairs, Walkers and Mobility Aids

"TSA officials have found all types of strange items (including weapons) stashed in wheelchairs and other mobility devices," Horowitz says. "As a result, the TSA requires that all passengers, including those who use a motorized scooter, wheelchair, walker, cane or other

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Travel Tips to Help Seniors

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mobility device, be screened in some way.” Smaller items like canes can usually be put through the X-ray screening machine, while larger devices can be inspected by an officer. Any bags or satchels that are attached to mobility devices must be removed and put on the X-ray belt for inspection, so be prepared.

To facilitate the process, let the airport security officer know your loved one’s level of mobility. Can they walk or stand unassisted? Do they have limited arm movement that may make it difficult for them to hold a certain position while screening? Passengers with limited mobility can request to be seated for at least part of their screening, and those who are unable to stand can be screened while seated through other methods.

Hearing Aids

Elders do not have to remove hearing aids or the exterior component of a cochlear implant at security checkpoints, according to the TSA, although a security officer may ask to inspect these devices if they alarm the metal detector or other advanced imaging technology.

Artificial Hips and Other Surgical Implants

Surgically implanted devices, such as artificial joints, pacemakers and aneurysm clips, may set off metal detectors at the airport. Although this can’t be avoided, the TSA recommends that elderly passengers or their caregivers advise security officers of the location of any internal medical devices. Airport security personnel may opt for an alternative screening method rather than sending the person through the metal detector.

“If your loved one has an implanted device, their doctor can provide a medical card to present at the airport,” notes Horowitz. “This card will not prevent them from being screened, but it’s an easy way to communicate information about medical conditions.”

Pacemakers and Defibrillators

Passengers with pacemakers and defibrillators should not go through the metal detector, according to the TSA. “Passengers will be screened using advanced imaging technology or another alternative screening method at the checkpoint,” explains Horowitz.

Diabetes Supplies

Notify security personnel if your loved one has diabetes and is carrying supplies like vials, syringes, jet injectors, epinephrine autoinjectors (EpiPens), infusers or insulin pumps. Insulin in any form or dispenser must be clearly marked and declared.

Oxygen and Respiratory Equipment

Medical oxygen and other respiratory devices like nebulizers, CPAP, BiPAP and APAP machines must be screened before being permitted through the security checkpoint. If your loved one uses a portable oxygen concentrator, contact the airline in advance to ensure the model is approved for in-flight use.

If a senior can be disconnected from their respiratory equipment, make sure you are trained to help them do so safely. This will enable officers



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to screen the person and the equipment separately. If the senior is unable to disconnect, inform the security officer and he or she will arrange for an alternate inspection process while your loved one remains connected to the oxygen source.

Medications

Prescription medications and pills do not have to be in their original bottles, but the TSA says it is helpful. Regardless of how medications are packaged, they need to be screened. Liquid medications should be labeled, and those in quantities larger than 3.4 ounces each must be separated from other carry-on items and declared to the security officer as medically necessary. Medically necessary liquids, gels and aerosols are exempt from the 3-1-1 rule but may require additional screening.

Requesting Privacy

If a personal search is required, passengers may choose to remain in the public area or request to go to a private area for screening at any time. Privacy may be preferred for pat-downs involving sensitive areas. A

caregiver can accompany the elder, but they will have to be re-screened afterwards.

Planning Ahead

TSA notification cards are available on the TSA website. Seniors and their caregivers can print and fill one out to hand to TSA officers at the security checkpoint to notify them of a disability/medical condition that may affect their screening. These cards do not exempt passengers from screening, but they do help facilitate communication with security officers. In many cases, it can also be helpful to bring along medical documentation of a loved one's condition(s) and treatment plan(s) to help avoid any issues getting through security with necessary devices and medications.

When traveling with elders, the most important rules are to plan ahead, pack carefully and allow plenty of extra time to get through security. If you have additional questions or concerns about your travels, contact the TSA Cares helpline 72 hours prior to travel for guidance at (855) 787-2227. Passenger Support Specialists can also be requested at security checkpoints for on-the-spot assistance.

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Participating in the Arts Creates Paths to Healthy Aging

National Institute on Health
February 15, 2019

We all know to eat right, exercise, and get a good night's sleep to stay healthy. But can flexing our creative muscles help us thrive as we age? Ongoing research looking at singing group programs, theater training, and visual arts for older adults suggest that participating in the arts may improve the health, well-being, and independence of older adults.

"Researchers are highly interested in examining if and how participating in arts activities may be linked to improving cognitive function and memory and improving self-esteem and well-being. Scientists are also interested in studying how music can be used to reduce behavioral symptoms of dementia, such as stress, aggression, agitation, and apathy, as well as promoting social interaction, which has multiple psychosocial benefits," said Lisa Onken, Ph.D., of NIA's Division of Behavioral and Social Research.



Lifting their voices for healthy aging

"There's a pressing need to develop novel, sustainable, and cost-effective approaches to improve the lives of older adults," said Julene K. Johnson, Ph.D., of the University of

California, San Francisco School of Nursing. "Singing in a community choir may be a unique approach to promote the health of diverse older adults by helping them remain active and engaged. It may even reduce health disparities."

Dr. Johnson tested this approach, leading Community of Voices, the largest randomized clinical trial to test the impact of participating in a community choir on the health and well-being of nearly 400 culturally diverse adults, age 60 and older, from 12 senior centers in San Francisco. The centers were randomly chosen to conduct the choir program immediately (six intervention groups) or 6 months later (six control groups). Outcome measures were collected at baseline (prior to starting the intervention), 6 months (end of randomization phase), and 12 months (1 year after enrollment). Each choir met once a week in 90-minute sessions for 44 weeks and performed in several informal concerts.

At weekly rehearsals, professional choral directors from the San Francisco Community Music Center trained in the intervention led activities to promote health and well-being. Researchers assessed participants' cognition, physical function, and psychosocial function, as well as their use and cost of healthcare services, before they started the choir program and again after 6 and 12 months.

A unique aspect of the study was its use of community partners to engage, enroll, and retain a large group of racially and ethnically diverse and low-income older adults. Participants were recruited and completed all choir activities and assessments at the senior centers, which made it more convenient for them to join and continue in the study.

Participating in the community choir showed positive results within 6 months. In particular, it reduced feelings of loneliness and increased interest in life. However, cognitive and physical outcomes and healthcare costs did not change significantly. Dr. Johnson attributed the

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improvements to the choir providing a meaningful, regular opportunity to meet new people, build social support, and increase a sense of belonging.

“The study showed increased interest in life because singing in the choir provided a regular, structured activity for participants,” she said. “Access to regular activities in diverse, low-income communities is vital for older adults to remain active and engaged in their community.”

Dr. Onken noted, “By examining the mechanisms through which arts participation may provide benefits to health and well-being, and by studying arts participation with scientific rigor, we hope to establish a firm basis on which to develop programs to improve the health and well-being of older people. As these studies continue, we expect the results to show us how we can implement cost-effective, community-based programs that benefit older people.”

Theater improvising to cope with dementia

Northwestern University is looking to another art form, theater improvisation, to help older adults with early-stage dementia be social and improve their quality of life. “The Memory Ensemble” is for people newly diagnosed with Alzheimer’s disease and other types of dementia who are looking for opportunities to engage in programs that fit their needs,” said Darby Morhardt, Ph.D., Outreach, Recruitment and Education Core Leader at Northwestern’s Mesulam Center for Cognitive Neurology and Alzheimer’s Disease.

Many Memory Ensemble exercises involve practicing observation, listening, and then using one’s imagination to find creative solutions. Here are some examples:

- Participants’ moods are assessed at check-in with “smiley faces.”
- A metaphor exercise: “If my feelings could be a color, they would be...”
- A gentle warmup of stretching and breathing.
- A skill-building exercise in which participants imagine a character in a challenging situation or pretend to turn an object into something else.
- The “checkout” activity, another smiley face assessment

“We wanted participants to be in a safe but challenging environment,” said the program’s co-founder, Christine Mary Dunford, Ph.D., of Lookingglass Theater Company. “We’re putting them in situations where they may feel anxiety. But our motto is, ‘When I feel anxious or uncertain, I can stop, breathe, observe, and turn to my imagination, and an answer will come.’ As a result, we’ve found they feel more successful and empowered.”

The Memory Ensemble’s 69 participants learn how to use their instincts, creativity, and spontaneity to explore and create improvisational theater. The program, developed in 2010 by Northwestern and the Lookingglass Theatre Company in Chicago, seeks to improve the quality of life for people living with Alzheimer’s and related disorders and to transfer these benefits to other communities.

As part of the 8-week program, groups of 10 to 15 participants, age 50 to 90, attend 90-minute sessions that are purposely repetitive and follow a specific pattern. Two facilitators—a clinical social worker and a master teaching artist in theater and improvisational techniques—guide participants through various activities.

The program does not aim to slow decline or improve cognition, but to help people with dementia enjoy their lives, according to Dr. Morhardt. “There are limits to medical treatments for people with dementia,” she said. “Patients and families are looking for ways to continue to engage. For participants in the program, it’s about being in the moment and using their imagination. We enhance their remaining skills and mood. As the condition progresses, it can become challenging to communicate with words, so we really focus on nonverbal means of expression.”

Preliminary results show participation in the Memory Ensemble improves mood, decreases anxiety, and increases a sense of belonging, normalcy, and destigmatization, said Dr. Dunford. Participants also report feelings of achievement, empowerment, and self-discovery.

Future plans include developing an evidence-based curriculum for researchers, arts therapists, and theater professionals to replicate the program in other communities and a theater intervention program for caregivers.

Research on music, theater, dance, creative writing, and other participatory arts shows promise for improving older adults’ quality of life and well-being, from better cognitive function, memory, and self-esteem to reduced stress and increased social interaction. NIA is addressing the need for more rigorous research, including new or alternative research designs and measurements that can demonstrate the efficacy and cost advantage of arts interventions.

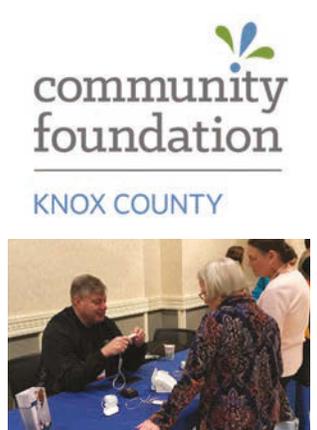
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Aging Well Retreat



Generations' 2019 Aging Well Retreat – Passport to Aging Well – took place on March 26th at Green Activities Center on the Vincennes University campus. Thanks to the Knox County Community Foundation and to all of the wonderful vendors, screeners, participants and volunteers that made this day a success. Over 200 people attended the event!

Over 40 vendors were available to provide information to individuals on topics ranging from healthcare to recycling. Also, free health screenings were provided by ProRehab, BridgePointe Health Campus, Good Samaritan Community Services, Guardian Angel Home Health, Back2Health and Daviess County RSVP.

Speakers included Hawkins Law who spoke on Advance Care Planning; Tonya Short with the Knox County Purdue Extension office who discussed the importance of nutrition; Faye Bilskie with Turning Leaf Senior Behavior Health/Sullivan County Hospital who spoke about living life to the fullest; Roger Wright, Alzheimer's support group leader, who discussed Alzheimer's caregiving; Patty Dreiman, Knox County RSVP Director who talked about the importance and benefits of volunteering; and Kim Bouillet and Amanda Smith with the YMCA of Vincennes demonstrated exercises to keep people of all ages moving.

Participants were encouraged to bring their unused or expired prescription and over-the-counter drugs to the retreat for safe disposal. The Retired Senior and Volunteer Program (RSVP) volunteers collected 26 pounds of unused and expired drugs at the drug toss. These medications were then taken by police officers to Knox County Solid Waste Management for disposal.

It was a great day full of fantastic information. Thank you, again, to all those who attended and to everyone who had a part in the day! We could not have done it without you!



Caregiver Corner

In Caregiving, Anxiety Can Be Contagious

The article In Caregiving, Anxiety Can Be Contagious was contributed by AgingCare.com.

Carol Bradley Bursack, Minding Our Elders | Updated December 21, 2018

We all live with a certain amount of worry, much of which is caused by fear of the unknown. Since health issues can change without warning, caregivers and the people they care for often live with elevated levels of anxiety. This can be detrimental, not only to the person who is suffering from these feelings of apprehension and concern, but it also affects those around them.

For example, if a caregiver is anxious due to care decisions or work-related stress, they likely bring that anxiety home in some form and unintentionally transfer some of it to the person they are caring for. Many caregivers try to hide their worries from family members, but this feat is easier said than done. Tension and inner turmoil can be detected and transferred by subtle cues like body language and tone of voice.

You may think you are putting on a brave and happy face for your loved ones, but your care recipient can probably sense that something is wrong. Consequently, an elder's own anxiety levels may rise. Even seniors with dementia can pick up on a caregiver's negative emotions, although they may not be able to fully understand where they stem from. This ambiguity may cause a care recipient (with or without dementia) to internalize these feelings and believe that they are the cause of their caregiver's grief.

Regardless of what is fundamentally causing feelings of stress (work, marital strain, finances, etc.), these emotions can quickly get out of hand. Worry is contagious and can start a dangerous feedback loop that damages one's relationships, productivity, and physical and mental health.

How to Break the Cycle of Anxiety

While extreme cases may call for the expertise of a therapist or primary care physician, there are steps that caregivers can take on their own to lower their anxiety levels. In turn, they may have a beneficial impact on their

care recipients. Use some of the following techniques to decompress and minimize the effect of stressors in your life.

- Accepting the reality of your situation can work wonders for your mental state. Acceptance doesn't mean that you like the way things are going currently, it simply means that you are not mentally fighting against them. Caregivers can take a bit of advice from the well-known Serenity Prayer by accepting the things they cannot change, gathering the courage to change the things they can, and finding the wisdom to know the difference between these two. Keep in mind that embracing the countless challenges of life and caregiving with a level head takes practice for many people. Don't feel discouraged if you aren't able to immediately accept everything on your plate with a smile. Just focus on the goal of not creating more anxiety for yourself by refusing to stress over things that aren't in your control.
- Journaling is a cathartic and low-cost activity that helps many people express and examine their emotions. When we write down our feelings for our eyes only, we can be totally honest without fear of judgment. Putting our negative emotions on paper can take away some of their power and reduce their ability to generate even more damaging feelings like guilt and anxiety. Journaling about positive experiences is important, too, as it can remind you to embrace gratitude and help you achieve a more balanced attitude in your daily life.

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Hearing Loss: A Common Problem for Older Adults

National Institute on Aging

Hearing loss is a common problem caused by noise, aging, disease, and heredity. People with hearing loss may find it hard to have conversations with friends and family. They may also have trouble understanding a doctor's advice, responding to warnings, and hearing doorbells and alarms.

Approximately one in three people between the ages of 65 and 74 has hearing loss, and nearly half of those older than 75 has difficulty hearing. But, some people may not want to admit they have trouble hearing.

Older people who can't hear well may become depressed, or they may withdraw from others because they feel frustrated or embarrassed about not understanding what is being said. Sometimes, older people are mistakenly thought to be confused, unresponsive, or uncooperative because they don't hear well.

Hearing problems that are ignored or untreated can get worse. If you have a hearing problem, see your doctor. Hearing aids, special training, certain medicines, and surgery are some of the treatments that can help.



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SIGNS OF HEARING LOSS

Some people have a hearing problem and don't realize it. You should see your doctor if you:

- Have trouble hearing over the telephone
- Find it hard to follow conversations when two or more people are talking
- Often ask people to repeat what they are saying
- Need to turn up the TV volume so loud that others complain
- Have a problem hearing because of background noise
- Think that others seem to mumble
- Can't understand when women and children speak to you

TYPES OF HEARING LOSS

Hearing loss comes in many forms. It can range from a mild loss, in which a person misses certain high-pitched sounds, such as the voices of women and children, to a total loss of hearing.

There are two general categories of hearing loss:

- **Sensorineural hearing loss** occurs when there is damage to the inner ear or the auditory nerve. This type of hearing loss is usually permanent.
- **Conductive hearing loss** occurs when sound waves cannot reach the inner ear. The cause may be earwax buildup, fluid, or a punctured eardrum. Medical treatment or surgery can usually restore conductive hearing loss.

Sudden Hearing Loss

Sudden sensorineural hearing loss, or sudden deafness, is a rapid loss of hearing. It can happen to a person all at once or over a period of up to 3 days. It should be considered a medical emergency. If you or someone you know experiences sudden sensorineural hearing loss, visit a doctor immediately.

Age-Related Hearing Loss (Presbycusis)

Presbycusis, or age-related hearing loss, comes on gradually as a person gets older. It seems to run in families and may occur because of changes in the inner ear and auditory nerve. Presbycusis may make it hard for a person to tolerate loud sounds or to hear what others are saying.

Age-related hearing loss usually occurs in both ears, affecting them equally. The loss is gradual, so someone with presbycusis may not realize that he or she has lost some of his or her ability to hear.

Ringling in the Ears (Tinnitus)

Tinnitus is also common in older people. It is typically described as ringing in the ears, but it also can sound like roaring, clicking, hissing, or buzzing. It can come and go. It might be heard in one or both ears, and it may be loud or soft. Tinnitus is sometimes the first sign of hearing loss in older adults. Tinnitus can accompany any type of hearing loss and can be a sign of other health problems, such as high blood pressure, allergies, or as a side effect of medications.

Tinnitus is a symptom, not a disease. Something as simple as a piece of earwax blocking the ear canal can cause tinnitus, but it can also be the result of a number of health conditions.

CAUSES OF HEARING LOSS

Loud noise is one of the most common causes of hearing loss. Noise from lawn mowers, snow blowers, or loud music can damage the inner ear, resulting in permanent hearing

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In Caregiving, Anxiety Can Be Contagious

Continued from Page 14

- Learn to forgive yourself for perceived shortcomings in caregiving and other areas of your life. When journaling, you may uncover some issues that you can improve upon. Other problems may stump you. Remind yourself that, while you may have flaws, you are giving your very best. If there is something you feel you can improve upon, talk to another caregiver or a professional counselor or join a support group to see how to go about developing stronger skills.
- Take care of yourself by eating well and exercising. Study after study tells us that prioritizing our physical health can have a beneficial impact on our mental health and vice versa. Following through can be a challenge, but, again, just do your best. Stressing over an unrealistic diet and exercise schedule will only work against you in the long run.
- Breathe. Have you ever noticed that when you are very, very anxious you are barely breathing? In fact, symptoms of an anxiety attack include shortness of breath. When you feel your anxiety beginning to overwhelm you, try this simple breathing exercise recommended by Dr. Andrew Weil: Exhale completely through your mouth, making a whoosh sound. Close your mouth and inhale quietly through your nose to a mental count of four. Hold your breath for a count of seven. Exhale completely through your mouth, making a whoosh sound for a count of eight. This is one breath. Now repeat the cycle three more times for a total of four mindful breaths to help you feel refreshed.
- Meditation and/or prayer can be very helpful in managing stress. People of faith find great relief from anxiety by praying. Meditation can also be a form of prayer or it can be a period of quiet where a person focuses on achieving mental clarity and calmness.

- Find something you enjoy and make it a part of your routine. This is one of my suggestions that results in the most eye rolling from caregivers. How are busy caregivers supposed to find time for a break? I agree that it's not always possible to find the time to do everything you'd like to do, but setting aside even twenty minutes of me-time a day can give you a greater sense of self and peace. If you have a beloved hobby or pastime, don't let it disappear from your life because you're feeling overburdened. You may have to cut back for a time, but don't drop it completely. Indulging yourself a bit will help you feel less trapped by the needs of others. So, take that relaxing bath, set aside some time for cooking, knitting or gardening, or commit to walking in the park once a week. You deserve it.

How to Minimize Anxiety in Seniors

Most of the suggestions above are for family caregivers. Here a few tips to help your care receiver feel less anxious, which, in turn, should cycle back to benefit you as well.

- Try to keep their environment calm and pleasant.
- Stick to a routine.
- Make sure your loved one has plenty of one-on-one attention so they feel safe and loved.
- Don't argue with someone with dementia. Learn to use approaches like validation and redirection to handle difficult behaviors.
- Treat your loved one as an adult and a whole person. No matter how many health issues a senior has, they always deserve to be treated with respect and dignity.

It's likely that few people will want to follow all these suggestions, but please try to be open-minded. If even one of these small adjustments could measurably affect your anxiety level and cycle back to your care receiver, then it is well worth the effort.



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Hearing Loss

Continued from Page 15

loss. Loud noise also contributes to tinnitus. You can prevent most noise-related hearing loss. Protect yourself by turning down the sound on your stereo, television, or headphones; moving away from loud noise; or using earplugs or other ear protection.

Earwax or fluid buildup can block sounds that are carried from the eardrum to the inner ear. If wax blockage is a problem, talk with your doctor. He or she may suggest mild treatments to soften earwax.

A punctured ear drum can also cause hearing loss. The eardrum can be damaged by infection, pressure, or putting objects in the ear, including cotton-tipped swabs. See your doctor if you have pain or fluid draining from the ear.

Health conditions common in older

people, such as diabetes or high blood pressure, can contribute to hearing loss. Viruses and bacteria (including the ear infection otitis media), a heart condition, stroke, brain injury, or a tumor may also affect your hearing.

Hearing loss can also result from taking certain medications. "Otototoxic" medications damage the inner ear, sometimes permanently. Some ototoxic drugs include medicines used to treat serious infections, cancer, and heart disease. Some antibiotics are ototoxic. Even aspirin at some dosages can cause problems. Check with your doctor if you notice a problem while taking a medication.

Heredity can cause hearing loss, as well. But not all inherited forms of hearing loss take place at birth. Some forms can show up later in life. For example, in otosclerosis, which is thought to be a

hereditary disease, an abnormal growth of bone prevents structures within the ear from working properly.

HOW TO COPE WITH HEARING LOSS

If you notice signs of hearing loss, talk to your doctor. If you have trouble hearing, you should:

- Let people know you have a hearing problem.
- Ask people to face you and to speak more slowly and clearly. Also, ask them to speak louder without shouting.
- Pay attention to what is being said and to facial expressions or gestures.
- Let the person talking know if you do not understand what he or she said.
- Ask the person speaking to reword a sentence and try again.

Continued on Page 19



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Hearing Loss

Continued from Page 17

- Find a good location to listen. Place yourself between the speaker and sources of noise and look for quieter places to talk.

The most important thing you can do if you think you have a hearing problem is to seek professional advice. Your family doctor may be able to diagnose and treat your hearing problem. Or, your doctor may refer you to other experts, like an otolaryngologist (ear, nose, and throat doctor) or an audiologist (health professional who can identify and measure hearing loss).

Tips: How to Talk with Someone with Hearing Loss

Here are some tips you can use when talking with someone who has a hearing problem:

- In a group, include people with hearing loss in the conversation.
- Find a quiet place to talk to help reduce background noise, especially in restaurants and at social gatherings.
- Stand in good lighting and use facial expressions or gestures to give clues.
- Face the person and speak clearly. Maintain eye contact.
- Speak a little more loudly than normal, but don't shout. Try to speak slowly, but naturally.
- Speak at a reasonable speed.
- Do not hide your mouth, eat, or chew gum while speaking.
- Repeat yourself if necessary, using different words.
- Try to make sure only one person talks at a time.
- Be patient. Stay positive and relaxed.
- Ask how you can help.

DEVICES TO HELP WITH HEARING LOSS

Your doctor or specialist may suggest you get a hearing aid. Hearing aids are electronic, battery-run devices that make sounds louder. There are many types of hearing aids. Before buying a hearing aid, find out if your health insurance will cover the cost. Also, ask if you can have a trial period so you can make sure the device is right for you. An audiologist or hearing aid specialist will show you how to use your hearing aid.

Assistive-listening devices, mobile apps, alerting devices, and cochlear implants can help some people with hearing loss. Cochlear implants are electronic devices for people with severe hearing loss. They don't work for all types of hearing loss. Alert systems can work with doorbells, smoke detectors, and alarm clocks to send you visual signals or vibrations. For example, a flashing light can let you know someone is at the door or the phone is ringing. Some people rely on the vibration setting on their cell phones to alert them to calls.

Over-the-counter (OTC) hearing aids are a new category of regulated hearing devices that adults with mild-to-moderate hearing loss will be able to buy without a prescription. OTC hearing aids will make certain sounds louder to help people with hearing loss listen, communicate, and take

part more fully in daily activities. OTC hearing aids are expected to become available in stores and online in the next few years.

Talk with your doctor about what's right for you. Learn more about hearing loss from the National Institute on Deafness and Other Communication Disorders.

FOR MORE INFORMATION ABOUT HEARING LOSS

National Institute on Deafness and Other Communication Disorders

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Hoosier Advance Health Care Directive Options May Improve

Hoosier health care advance directive options may improve in 2019. If the Indiana General Assembly passes 2019 House Bill 1516 (HB 1516), the law will upgrade how Hoosiers plan for future health care decisions. This article describes current health care advance directive laws and how the new law may help Indiana health care patients.

Advance Directive Explanation

An advance directive is a person's written statement that expresses the person's plan for making his or her future health care decisions. Advance directives include appointments of health care representatives, living wills, and other health care decision documents. Some advance directives instruct how a person wants others to make important health decisions if the person becomes disabled in the future. Other advance directives appoint and authorize people to make important health decisions without instructions or limitations about the decisions.

Indiana's 26-Year Old Advance Directive Laws

Indiana has not completely overhauled its medical consent laws since 1993. That year, the legislature updated requirements for living will declarations, life-prolonging procedures declarations, health care powers of attorney, appointments of health care representatives, and do not resuscitate orders. The 1993 laws improved how people could plan ahead for future medical decision crises, but the laws left undesirable gaps and limitations. Meanwhile, the health care profession and its medical treatment technologies have changed dramatically.

2016 POST Law and 2018 POST Form

Indiana's 2016 Physician Orders for Scope of Treatment (POST) law gave to terminally ill and chronically ill patients a powerful health care planning tool. The 2018 POST form lets qualified patients and their physicians pre-plan more than 5 categories of medical treatment options.

HB 1516's Advance Directives Improvements

A team of medical doctors, medical and nursing school professors, legislators, and members of the Indiana State Bar Association designed HB 1516 to update Indiana's 26-year-old medical consent laws. The bill updates the current law to consider many of this century's issues, such as nontraditional families, electronic records, and health care providers with advanced nursing degrees. The bill also corrects many of existing laws' weaknesses and offers patients more useful medical decision tools.

Current Advance Directives "Grandfathered"

People's current living wills, health care powers of attorney, and appointments of health care representatives would remain effective under the new law. However, all new advance health care directives made after December 31, 2022, must satisfy the requirements of the new law.

Additional Advance Directive Reading Material

Readers can find more advance directive information and resources on these webpages:

Indiana General Assembly website for HB 1516, <http://iga.in.gov/legislative/2019/bills/house/1516>

Indiana State Department of Health Advance Directives Resource Center, <https://www.in.gov/isdh/25880.htm>

National Center for Biotechnology Information, U.S. National Library of Medicine, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2980344/>

Indiana Legal Services, Inc., <https://www.indianalegalservices.org/node/292/general-information-about-advance-directives>

www.hawkinslaw.com, <https://www.hawkinslaw.com/indianas-new-and-improved-post-form/>

www.hawkinslaw.com, <https://www.hawkinslaw.com/hoosier-hospitals-should-stop-asking-patients-about-living-wills/>

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www.hawkinslaw.com, <https://www.hawkinslaw.com/plans-for-final-illness-death-and-human-remains-disposition/>

Jeff R. Hawkins and Jennifer J. Hawkins have practiced in the areas of trusts, estates, and elder law for over 26 years. Both lawyers are Trust & Estate Specialty Board Certified Indiana Trust & Estate Lawyers and active members of the Indiana State Bar Association and National Academy of Elder Law Attorneys. Both lawyers are admitted to practice law in Indiana, and Jeff Hawkins is admitted to practice law in Illinois. Jeff is also a registered civil mediator, a Fellow of the American College of Trust and Estate Counsel and the Indiana Bar Foundation; a member of the Illinois State Bar Association and the Indiana Association of Mediators; and he was the 2014-15 President of the Indiana State Bar Association. Find more information about these and other topics at www.HawkinsLaw.com.

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