

50 + WELLNESS

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Giving some T-L-C
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TRANSITIONING TO RESIDENTIAL CARE

What to expect and
how to help



- Retirement plans
- End of life decisions
- What is your life deductible?

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The elements of creating lasting change

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A PUBLICATION OF THE CALEDONIAN-RECORD
PUBLISHING COMPANY, INC.
190 Federal Street, P.O. Box 8, St. Johnsbury, VT
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EATING HEALTHY AFTER 50

BY LALLIE MAMBOURG

NEK Council on Aging

We might not like it, but it's a metabolic fact that by the time all of us – men and women, alike – hit 50, our body already is slowing down how it processes the food we tuck away. Gone are the days when we were twenty-something and generous portions of calorie-rich dishes seemed to just melt away.

But wait!

While we might not be able to regain our original physique, eating healthy after 50 could go quite a ways to reducing the threat of diabetes, cardiovascular disease, joint problems and bad cholesterol. Switching our food choices and serving sizes, adding some regular exercise, along with making dates to eat with others, might halt that dreaded midriff spread.

How to get there from here?

Make a menu ahead of time. It's a good first step to healthy, conscious eating. You'll want what we have in abundance here in the Northeast Kingdom: fresh fruits and vegetables. Fiber, too, because as we age, our digestive tract doesn't work like it used to. Women should aim to eat at least 21 grams of fiber per day; men at least 30. Wheat, corn and rice bran make good roughage. Fiber also helps you stay fuller longer, meaning you'll eat less throughout the

day.

Modest portions and modest budgets go hand-in-hand. Buying fresh-picked produce at area farmers' markets usually costs less than purchasing processed, pre-packaged food stuffs that are high in salt and sugar preservatives. Nearly all the outdoor markets accept 3SquaresVermont's EBT cards which help income-eligible older Vermonters extend their food budget. Women, Infants and Children (WIC) has a "fruit and veggie card" to encourage shopping of produce that comes directly from its source.

Here's a handy tip from the National Institute on Aging that might help you with portion control:

- deck of cards = 3 ounces of meat or poultry
- ½ baseball = ½ cup of fruit, rice, pasta, or ice cream
- baseball = 1 cup of salad greens
- 4 dice = 1.5 ounces of cheese
- tip of your first finger = 1 teaspoon of butter or margarine
- ping pong ball = 2 tablespoons of peanut butter
- fist = 1 cup of flaked cereal or a baked potato
- compact disc or DVD = 1 pancake or tortilla

Plan your meal choices by color – nutrient-

rich food color, that is. What five would you put on your plate? Here's one tasty combination: blackberries, melons, yams, spinach and tomatoes. Here's another: salmon, kale, garlic, beets and zucchini. Want a third? Try carrots, broccoli, strawberries and liver.

Sharing meals with others can be an effective antidote to loneliness. Reach out to friends or neighbors—everyone loves a home-cooked meal and most people who live alone are in the same boat as you. Cooking with others can be a fun way to try out new recipes and extend relationships.

Are you over 60 and hate to cook? The Northeast Kingdom currently has 15 different community dining rooms where you can do lunch. Seniors donate up to \$3.50 for a meal that meets one-third of the daily USDA requirements, and a healthy dessert is always included.

Are you under 60? Residents are warmly invited to break bread with other members of their community who regularly visit these senior meal sites, and may purchase the same meal for \$5. Here's the bonus: Most of the dining rooms also offer free exercise classes before or after lunch.

Remember: As we pass the half-century milestone, key nutrients are essential for the brain to do its job. Wholesome meals give us more energy and help us look better. When our body feels good, we feel happier inside and out.



An avid gardener who is constantly researching new ways to maintain a healthy diet, Lallie Mambourg is the Nutrition Coordinator for the NEK Council on Aging. She oversees the 15 different senior community dining sites in the three counties as well as the federally funded Meals on Wheels program. For more information, you can reach her by sending e-mail to info@NEKCouncil.org or calling 1-800-642-5119.

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YOUR RETIREMENT PLAN CONSIDERATIONS AFTER 50

How should you view and manage your retirement savings plan after 50?

Following are some points to consider.

Reaching your peak earning years

The latter stage of your career can bring a wide variety of challenges and opportunities. Older children typically come with bigger expenses. College bills may be making their way to your mailbox or inbox. You may find yourself having to take time off unexpectedly to care for aging parents, a spouse, or even yourself. As your body begins to exhibit the effects of a life well-lived, health care expenses begin to eat up a larger por-

tion of your budget. And those pesky home and car repairs never seem to go away.

On the other hand, with 20-plus years of work experience behind you, you could be reaping the benefits of the highest salary you've ever earned.

With more income at your disposal, now may be an ideal time to kick your retirement savings plan into high gear. If you're age 50 or older, you may be able to take advantage of catch-up contributions, which allow you to contribute up to \$24,000 to your employer-sponsored plan in 2015, versus a maximum of \$18,000 for most everyone else. (Some plans impose different lim-



its.)

In addition, if you haven't yet met with a financial professional, now may be a good time to do so. A financial professional can help you refine your savings goal and investment allocations, as well as help you plan ahead for the next stage.

Preparing to retire

With just a few short years until you celebrate the major step into retirement, it's time to start thinking about when and how you will begin drawing down your retirement plan assets. You might also want to adjust your investment allocations with an eye towards asset protection (although it's still important to pursue a bit of growth to keep up with the rising cost of living). A financial professional can become a very important ally in helping to address the various decisions you will face at this important juncture.

You may want to discuss:

- Health care needs and costs, as well as retiree health insurance
- Income-producing investment vehicles
- Tax rates and living expenses in your desired retirement location
- Part-time work or other sources of additional income
- Estate planning

You'll also want to familiarize yourself with required minimum distributions (RMDs). The IRS requires that you begin drawing down your retirement plan assets by April 1 of the year following the year you reach age 70½. If you continue to work for your employer past age 70½, you may delay RMDs from that plan until the year following your actual retirement.

Other considerations

Throughout your career, you may face other important decisions involving your retirement savings plan. For example, if your plan provides for Roth contributions, you'll want to review the differences between these and traditional pretax contributions to determine the best strategy for your situation. While pretax contributions offer an upfront tax benefit, you'll have to pay taxes on distributions when you receive them. On the other hand, Roth contributions do not provide an upfront tax benefit, but qualified withdrawals will be tax free. Whether you choose to contribute to a pretax account, a Roth account, or both will depend on a number of factors.

At times, you might face a financial difficulty that will tempt you to take a loan or hardship withdrawal from your account, if these options are available in your plan. If you find yourself in this situation, consider a loan or hardship withdrawal as a last resort. These moves not only will slow your retirement saving progress but could have a negative impact on your income tax obligation.

Finally, as you make decisions about your plan on the road to retirement, be sure to review it alongside your other savings and investment strategies. While it's generally not advisable to make frequent changes in your retirement plan investment mix, you will want to review your plan's portfolio at least once each year and as major events (e.g., marriage, divorce, birth of a child, job change) occur throughout your life.

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RECOGNIZING HEARING LOSS

BY SANDRA A. DAY AND DIANE LAROSE
Armstrong's Better Hearing

How do you know if a friend, co-worker or family member has hearing loss?

There are the obvious situations where you know someone has hearing loss because you can't even have a simple conversation without repeating what you've said numerous times, or the listening conversation partner gives "off the wall" answers or comments in conversation. Other times, it can be a little more difficult to identify that a person is losing their hearing because we all "mishear" at times due to noisy surroundings, a poor or soft-spoken speaker, simple distractions, or some other genuine, explainable reason.

But there are a number of signs that point to hearing loss and when someone displays a combination of several signs, then there's a good indication there could be a measure of hearing loss.

This is a good time to go over the signs of hearing loss as a reminder that a hearing test can determine if you or someone you know might be losing some hearing. Below is a list of things people commonly do when they're having trouble.

Does someone you know exhibit these telltale signs of hearing loss?

Do they...

...smile and nod their responses, rather than



engage verbally?

...respond at improper moments?

...start an entirely different conversation while you're talking?

...fail to respond at all when you are talking to their back?

...accuse you of mumbling or not speaking loud enough?

...start looking away in the middle of conversations?

...give answers to questions or make comments to statements that don't match the conversation?

...tell you not to yell at them? (Loud sounds bother them)

...unduly hesitate before answering a question or making a comment?

...have a blank or quizzical look on their face

during conversation?

...ask you to repeat, unaware of how often they ask?

...claim to "like" the TV or radio louder than others prefer?

...appear inattentive or distracted?

...complain of buzzing or ringing in their ears?

...fail to respond to spoken words, even when the speaker is close by?

...have persistent ear discomfort after exposure to loud noise (either regular environmental noises and/or constant listening to electronics at high volumes).

...complain of having "muffled" or "muted" hearing?

...display frequent frustration when trying to hear speech and other sounds?

...avoid participating in and/or withdraw from conversation?

...isolate themselves by avoiding social situations, "preferring to be alone"?

...act openly depressed?

If you, or someone you know, are experiencing even three or four of these combined signs of hearing loss, call for a consultation. Hearing loss is degenerative. Early treatment is your best offense to stave off an escalating or significant hearing loss as time goes by. Take advantage of free hearing consultations, so you can hear better – every day.



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ARE YOU PREPARED FOR THE UNEXPECTED?

When you're working to achieve your financial objectives, you will encounter obstacles. Some of these can be anticipated — for example, you won't be able to invest as much as you want for retirement because you have to pay for your mortgage. Other challenges can't be easily anticipated, but you can still plan for them — and you should.

Obviously, the word "unexpected," by definition, implies an unlimited number of possibilities. However, at different stages of your life, you may want to watch for some "expected" unexpected developments.

For example, during your working years, be prepared for the following:

Emergency expenses — If you needed a major car or home repair, could you handle it? What about a temporary job loss? These events are costly — especially if you are forced to dip into your long-term investments to pay for them. To help guard against these threats, try to build an emergency fund containing six to 12 months' worth of living expenses, held in a liquid, low-risk account.

Investment risk and market volatility — Extreme price swings are unpredictable, and they can affect your investment success. To defend yourself against wild gyrations in the market, build a diversified portfolio containing quality investments. While diversification, by itself, can't protect against loss or guarantee profits, it can help reduce the effect of volatility on your portfolio. And here's one more thing you can do to cope with the ups and downs of investing: Maintain a long-term perspective. By doing so, you won't be tempted to overreact to short-term downturns.

Long-term disability — One-third of all people between the ages of 30 and 64 will become disabled at some point, according to the Health Insurance Association of America. Disabilities can be economically devastating. As part of your benefits package, your employer may offer some disability insurance, but you may need to supplement it with private coverage.

Premature death — None of us can really predict our longevity. If something happens to you, would your family be able to stay in your home? Could your children still attend college? To protect these goals, you need adequate life insurance.

As you approach retirement, and during your retirement years, you may want to focus on these challenges:

Living longer than expected — You probably don't think that "living longer than expected" is necessarily a bad thing. However, a longer-than-anticipated life span also carries with it the risk of outliving your money. Consequently, you may want to consider investment solutions that can provide you with an income stream that you can't outlive. Also, you'll need to be careful about how much you withdraw each year

from your various retirement and investment accounts.

Need for long-term care — If you had to stay a few years in a nursing home, the cost could mount to hundreds of thousands of dollars. These expenses could jeopardize your financial security, so you'll need to protect yourself. You could "self-insure," but as that would be extremely costly, you may want to "transfer the risk" to an insurance company. A financial professional can help explain your

choices.

None of us can foresee all the events in our lives. But in your role as an investor, you can at least take positive steps to prepare for the unexpected — and those steps should lead you in the right direction as you move toward your important goals.

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LESS WEIGHT, LESS CANCER

Evidence is piling up that the link between obesity and an elevated cancer risk is a dangerous one

BY BEV BENNETT
CTW Features

Cancer rates are not declining as much as they should be, and obesity may be a major part of the problem, according to a leading cancer researcher.

"Something is pushing against us. It's the weight issue," says Stephen D. Hursting, Ph.D., professor of Nutrition and the Nutrition Research Institute, The University of North Carolina, Chapel Hill.

New findings bear this out, showing a strong link between excess body fat and an increased risk for liver cancer, according to the Continuous Update Project Report: Diet, Nutrition, Physical Activity and Liver Cancer, 2015 from the World Cancer Research Fund Interna-

tional/American Institute for Cancer Research.

This is on top of research linking body fat and cancer of the esophagus, pancreas, colon and rectum, endometrium, kidney, breast (postmenopausal), ovary and prostate (advanced).

That's worrisome when more than one-third of American adults are obese, according to guidelines from the Centers for Disease Control and Prevention. (The CDC defines obesity as having BMI of 30 or higher.)

If you fit the category you may ask whether you can diet your way back to a safe zone.

The answer is complicated.

Your body undergoes hormonal and metabolic changes because of obesity.

Excess fat produces estrogen, which promotes cell growth. The fat also leads to inflammation, which in turn promotes cell growth, according to AICR experts.

Fat around the waistline can lead to insulin resistance, a condition of prediabetes, and also

a link to liver cancer, according to Hursting, a U.S. Cup panel member.

After years of obesity it may be hard to turn off the cancer-promoting triggers.



sociate director of nutrition programs, AICR, Washington, D.C.

The challenge is to find weight loss strategies that also fight inflammation, according to Hursting.

"Typical weight loss interventions don't hit the inflammatory problem as much as we'd like," he says.

However, other tactics may have promise.

Hursting sees the 5:2 diet of intermittent fasting, being studied in Europe as an approach that may help with inflammation.

But does the lack of evidence about weight loss and cancer risk mean you shouldn't lose weight?

Not at all, Bender says.

She recommends losing weight to reduce your risk of other chronic diseases including heart disease and diabetes.

And if that's too challenging, "avoiding weight gain is the number one step you can take and go from there," she says.

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Would your family be able to continue to pay everyday living expenses without your income?

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TAKING CONTROL OF END OF LIFE DECISIONS

BY JAY C. ABRAMSON

Law Offices of Jay C. Abramson

End of life is not something we like to think about but something we always want to have some degree of control over. Planning for end-of-life health care decision making is the most important step in taking control. There are two key components to health care decision making.

One is the clear expression of the type of medical interventions you want at the end of life. The other is appointing someone to be your trusted agent to speak for you regarding health care decisions when you are unable to do so. These should all be contained in an Advance Directive, sometimes referred to as a Living Will or Durable Health Care Power of Attorney, or Health Care Proxy. In Vermont we call it an Advance Directive.

Advance Directives are legal documents. They contain, among other things, an expression of your wishes about medical decisions at the end of your life. This document becomes an expression of your values and the type of medical care you want when you are unable to communicate that directly to your health care providers.

Since it is a legal document done in accordance with specific statutory authority, health care providers are required under the law to follow your wishes.

Vermont has adopted a broad range of issues that can be addressed in an Advance Directive. The central part of the Advance Directive is the type of care you would want when end of life approaches. Whether it be at a time when you are suffering an illness from which death is imminent or when your thought process is impaired and may continue to deteriorate to the point where you are in a permanently vegetative state.

Since the Advance Directive is reviewed by your health care provider in detail at the time in which you are unable to communicate your wishes for medical treatment, it is also critical that you appoint a trusted agent to speak for you. Within the Advance Directive document you may also appoint alternate agents that will be able to perform that function if your first agent is unable to do so.

It is also important that you share your wishes with your loved ones and the doctor. These discussions will help you clarify your specific wishes and make your family and doctor aware of your values with regard to end of life deci-

sions.

In addition, the Vermont Advance Directive Statute allows you to address other end-of-life issues such as hospice care, pain management, persons responsible for decisions at the time of death including preferences for burial, crema-

medical decisions. In the choice of an agent you may also declare them as your preference to be your guardian. This declaration will be followed by the probate court, ensuring your trusted agent will be responsible for your medical decisions.

Taking control of your medical decisions are important at all times and especially at end of life. Many people consider an Advance Directive unnecessary until they are in advanced age. However, the law around surrogate decision making comes from the medical tragedies of younger individuals including Karen Ann Quinlan and Terry Schiavo, two of the most celebrated cases of end-of-life decisions being made by a third party. This illustrates the importance of communicating your values sur-



rounding medical decisions early on in life to ensure that your end of life is managed in a manner consistent with your own personal values.

Having the Advance Directive in place in case something happens can avoid the uncertainty of how the end of life care will be handled for you. In Vermont, the Department of Health maintains an Advance Directive Registry allowing electronic storage and access to your Advance Directive by medical practitioners if you happen to not have the actual document on hand. This is very convenient both while in Vermont or if you should suffer some medical condition while traveling. It is free of charge and easy to do. The Advance Directive Registry can be contacted at 523 Westfield Avenue, PO Box 2789, Westfield, NJ 07091-2789. For forms or additional information visit: healthvermont.gov/vadr/ or call 1-800-548-9455.

Within the Advance Directive you may also identify your feelings about measures being taken to keep you alive. Medical innovations that keep people alive longer include artificial food and water through tubes inserted to the body, reviving the heart, and maintain breathing through a heart-lung machine even when the brain is no longer able to command the heart and lungs to work.

Within an Advance Directive you can express your wishes as to whether these interventions are something you want or will decline to have at a time when there is no prospect of either regaining your ability to think and act for yourself or have improvement in your condition which is likely to progress to imminent death.

You may also state your preference with regard to who would be your guardian should someone file a petition in court challenging your

tion, or other post-death affairs.

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SURVIVING THE TRANSITION FROM HOME TO RESIDENTIAL CARE

BY KAREN CROWE

Frances Atkinson Residence

Even when an individual agrees it's time to move into a communal residence, it's still an emotional time for all involved. What can you expect, what can you do to help, and how can you reach that level of comfort you all hope for?

Here are some tips for family members:

- Encourage the individual to execute (if not already in place) advance directives, such as a living will, durable powers of attorney for health care and for finances. While these are not required for residency, they provide an important, legally binding voice for the resident when he or she becomes incapacitated.

- Be realistic in your expectations of the residence; know in advance what they do and do not provide, and share this with your loved one.

- Prepare and personalize your loved one's space in the residence with favorite photographs, art, mementos, comfortable chair, decorative pillows, hobby materials, etc.

- Share with the staff, in writing if possible, her usual routines, food and activity preferences, personal history, accomplishments, recent changes or losses and the important people in her life.

- Be an advocate. Inform the staff promptly of any concerns you have or your loved one has



voiced to you. Often, new residents are reluctant to express a concern to the staff, so staff may be unaware of the problem.

- A resident with dementia may make statements that alarm you but may not be true. It's important to relay these to the staff, as they may have information that will clarify the situation.

- It's natural to feel concerned for and protective of your loved one. Using a positive, collaborative approach when addressing those will help in creating the supportive network that will benefit all.

- Give your loved one time to feel sad and to express her feelings about this difficult time. This is normal and is a form of grieving. Reassure her that you understand and that she will feel better in time.

- Establish a plan to visit or call regularly during the early transition. Enlist family members, friends, church members or other people in the new resident's social circles to do some of these visits so no one person feels overwhelmed.

- Take time for yourself once the move has occurred and the essential related tasks have been done. Attending to your own well-being is reasonable and vital.

- Encourage and allow time for the new resident to participate in the residential community's social life—including group dining,

activities, creating new friendships with peers. You may wish to attend some of these events with him to ease any anxiety.

- Ask the staff to introduce your loved one to peers with similar interests and capabilities. Invite these people to join in your visits, include them in conversation or a stroll.

- Understand that it may take some time for your loved one to feel comfortable and to want to spend time with others—we all benefit from some time alone—especially if he always preferred his own company to being in groups. But be alert to prolonged isolation or sadness, decreased appetite or energy, sleeplessness—he may need the intervention and support of his health care team.

- Let the staff of the home know if you are having difficulty with your feelings—you're important too! They understand that this is a hard time for you and can help you find the support you deserve.

Starting a new lifestyle in our later years is never easy. But with some planning, understanding and collaboration, it can become a more relaxing, secure, and contented time of life.

Karen Crowe, Director of the Frances Atkinson Residence in Newbury, Vermont, will soon be retiring after 30 plus years in the long-term and elder care field.

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STAYING DURABLE IN YOUR FIFTIES

BY ADRIAN GUYER
XIP Training Systems

What is it about aging that scares people so much? Is it a fear of getting weak, or frail? Or losing your balance like so many people over 50 speak of? Or maybe it's feeling like you won't be able to do in your 20s, 30s or 40s? Maybe it's that your energy levels and drive will plummet and you lose interest in all the fun things that used to fill your schedule?

Regardless of what it might be I'm here to tell you that's all a bunch of crap! So listen close all you stubborn 50+ critters out there because it's time to take a dive into the fountain of youth and drink up every last drop before Father Time decides your time is up. You're over 50 and your schedule has a few more holes in it than it did in your 30s, so spend some T-L-C on the old B-O-D!

You see we all have a choice when it comes to our health and fitness. Some choose to and some

choose not to, it's really that simple.

Muscle

I have many clients over the age of 50, and many over 60 and some in their 70s at XIP. On day one of training we talk in depth about their goals and list them in order of importance. Without fail, they all want to be stronger and build more muscle. Of course, this gets me excited because this is such an important part of the journey to building a more durable "you!" More muscle = More awesome! There are many studies available that prove this, yet people still shy away from resistance training in spite of all the science.



An XIP Training Systems client in her 60s works out at the gym.

Without muscle we are a loose bag of bones, people! Building lean muscle will provide you with

more stable joints, increase your metabolism, burn fat, strengthen your immune system, make you look better, increase your work capacity, increase your energy, allow you to lift heavy things, protect your spine and help fix that aching back, make you more athletic and, you guessed it, make you a more durable human being. Because, let's face it, you don't want to be that guy that has to tell your grand-kid "I'm sorry I can't pick you up buddy, I'm too weak."

Nutrition

We coach people that you cannot out-train a bad diet and, on the flip side, you can't out-diet a bad training program. Eating healthy doesn't need to be awful and tasteless - in fact, it's just the opposite. Real food, which we will define as food that isn't packaged or processed, is actually full of good flavor and these things called nutrients. Ever heard of them? Nutrients provide us with the nourishment essential to growth and the maintenance of life. When we eat processed foods we create a very stressful environment for the body that weakens our immune system, inhibits muscular growth and repair, raises our cortisol levels (aka the "stress hormone"), and greatly decreases energy levels, and that's just to name a few! Food = Energy.

If you want to perform at your best you must fuel your body accordingly. You are what you eat, so keep that in mind the next time you sit down to re-fuel.

Drive it like you stole it

I've never stolen a car, but I can imagine that if I did I would go like a bat outta hell until I knew the risk of getting caught was gone. Well, people training is a bit like car theft. In order for our bodies to make any adaptations to training, we must impose demands on it greater than it is accustomed to, safely of course. For example, you walk a 3-mile loop five days a week and lose a pound or two in the first two weeks but then the weight-loss stops. Why? Are you walking at the same speed and the same loop everyday? The body will adapt to training quickly but if the stimulus doesn't continue to increase, you will stop seeing changes. Go faster, go up hill, add sprint intervals, carry a stopwatch and time it, use a heart rate monitor to show how

hard you are working, or add some push ups or squats every 2-3 minutes to make things tougher. The body will adapt, I promise, but you have to ask it to. The more adaption that occurs, the stronger and more durable you become.

The toughest part of a lifestyle change is starting, especially when it means adding more work to your life. To quote my favorite book, "The Talent Code" by Daniel Coyle, "Struggle is not an option: it's a biological requirement."

It's your body and it's your choice, so choose wisely. Let these three tips give you a little insight on how to start making your body more durable regardless of your age.



Adrian Guyer, CSCS, USAW, is the owner and founder of XIP Training Systems in Lyndonville. He and his team help individuals to perform better in sports and in life through evidence-based training programs that get results. Outside of XIP Adrian is an avid outdoorsman, spending as much time as possible hunting and fishing in his free time. He and his wife Candice live in Lyndonville with their bird-dog Jax.

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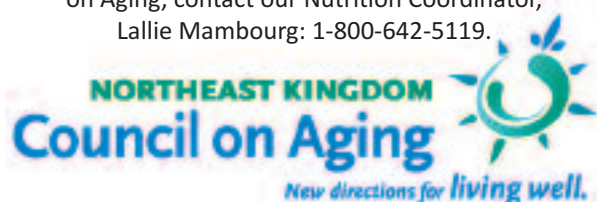
Take part in a Growing Stronger or Tai Chi exercise program!

Let's Eat Well!

- Dine on a well-balanced meal
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Healthy eating after 50 helps you manage chronic conditions like diabetes, heart disease and high cholesterol.

To learn more about the Senior Meal programs sponsored by the NEK Council on Aging, contact our Nutrition Coordinator, Lallie Mambourg: 1-800-642-5119.



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WALKING FOR WELLNESS

BY ANNE CONNER
Littleton Regional Healthcare

Our bodies change as we age. We burn fewer calories, digest foods differently and lose lean muscle. Many people age 50 and older are still working. Years back, the makeup of jobs was quite different than they are today. In 1960, about one out of two jobs involved some physical activity like logging, farming and construction. Today, active jobs make up less than one out of five of our workforce. Many in today's workforce sit a good portion of the day. Research shows that people who sit many hours a



day have increased health risks. On the bright side, adding just two minutes of walking each hour may offset the harmful effects of sitting too much, according to a recent study.

Physical activity is a proven benefit to good health. The American Heart Association recommends getting 30 minutes of moderate physical activity a day. Walking at a good clip fits the bill. There is a lot of information about the benefits of physical activity in the media. But... we still use a lot of prescription meds to either prevent or treat chronic diseases. Some authors of studies involving use of exercise are suggesting that drug companies should include an exercise arm when they run new drug trials. In some

cases, there is evidence that exercise can be as helpful as medication.

Here are some tips to fit in two minutes per hour of walking while you're in the workplace:

- Park as far away from the office as you can.
- Take the stairs when possible.
- Avoid the elevator.
- If you have a job requiring sitting by the phone, stand up and walk in place for two minutes per hour.

Here are some tips to weave walking into your leisure time:

- Take the dog out for a stroll.
- Bring your family to one of our area's many parks.
- Go to a mall and window shop. Ask a friend to join you.
- Walk 30 minutes a day. If you can't do it all at once, you can break it up and get the same benefit. One 30 minute walk = three 10 minute walks!

For many of us, the very hardest part of changing is figuring out where we are in relation to changing lifestyle habits. The accompanying chart outlines the processes involved in making changes.

Taking action can be hard. Figure out the pros and cons. What are your most important reasons for being healthy as you age? When you're ready, make your new healthy habit a priority. Before you begin an exercise program, it's always very important to talk to your doctor first.

For more information, visit the Anna Connors Patient & Family Resource Center. It's located in the Gale Medical Library at Littleton Regional Healthcare.

1. CONTEMPLATION "I'm thinking about it."	2. PREPARATION "I have made up my mind."	3. ACTION "I have started to make changes."	4. MAINTENANCE "I have a new routine."
You are thinking about change and trying to become more motivated to get started. You might be in this stage if • you have been considering change but you are not ready to start. • you believe that your health, energy level, or overall well-being will improve if you develop new habits. • you are not sure how you will overcome the roadblocks that stand in the way of success.	You are making plans and figuring out specific ideas that will work for you. You might be in this stage if • you have decided that you are going to change, and you are ready to take action. • you have set some specific goals that you would like to meet. • you are getting ready to put your plan into action and get started soon.	You are acting on your plan and making the changes you set out to achieve. You might be in this stage if • you have been making eating or physical activity changes in the last 6 months or so. • you are adjusting to how it feels to eat differently or be more active. • you have been "troubleshooting" to overcome things that have blocked your success.	You have become used to your change and have kept it up for more than 6 months. You might be in this stage if • your change has become a habit. • you have found creative ways to keep going and stick with your routine. • you have had slip-ups and setbacks but have been able to get past these snags.

[HTTP://WWW.NIDDK.NIH.GOV/HEALTH-INFORMATION/HEALTH-TOPICS/DIET/CHANGING-HABITS/DOCUMENTS/CHANGING_YOUR_HABITS.PDF](http://www.niddk.nih.gov/health-information/health-topics/diet/changing-habits/documents/changing_your_habits.pdf), AUGUST 7, 2015.

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Anne Conner is the Director of Gale Medical Library at Littleton Regional Healthcare. She has a Master of Library Science degree and is credentialed through the Medical Library Association's Academy of Health Information Professionals (AHIP) at the distinguished level. You can reach her at 603-444-9564 or aconner@lrhcares.org.



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MORE THAN THE BLUES

Depression is common in older adults, but it's not a normal part of aging

BY ANNE BURKLEY
CTW Features

Experiencing a major life event – change in health, retirement, moving, death in the family – is stressful, but experiencing several of these things in a short span of time can be downright depressing. According to the National Alliance of Mental Illness, depression affects more than 6.5 million Americans aged 65 years or older. Depression in older adults is often undertreated and can go undiagnosed.

“The symptoms of depression in older people seem less severe and are often mixed in with medical conditions,” said Dr. Lynn McNicoll, gerontologist and associate professor of medicine at Alpert Medical School at Brown University, Providence, Rhode Island.

Consider this: A change in appetite, fatigue and pain are all symptoms of depression, but are also all common side effects of medications and medical conditions.

“The signs and symptoms of depression are often masked by the normal signs of aging,” said John Bowen, director of social services at Bethany Village, a continuing care retirement community in central Pennsylvania. For example, your metabolism does slow down as you age, so a shift in appetite and energy level can be expected.

While stress and sadness are normal reactions to major life events, those feelings should subside and an individual should adapt and return

to their everyday routine and to the activities they enjoy. Those who are depressed, on the other hand, may not be able to cope well with changes.

Signs of depression include ongoing depressed mood, loss of enjoyment, isolation, detachment, feelings of worthlessness or guilt, difficulty concentrating, change in weight or appetite, insomnia (or sleeping more than usual), decline in health and pain. Any change in

routine is a red flag, Bowen says.

It's important to note that depression is not weakness, nor should individuals with depression, or their spouses or families, view it as a condition that someone can snap out of easily. It is a medical condition that has emotional, behavioral and physical manifestations.

In addition to depression being complicated to diagnose in older adults, it also heightens the risk of other diseases. Dr. Valentin Bragin, author of “Conquering Depression in the Golden Years” (Langdon Street Press, 2009) and founder of the Stress Relief and Memory Training Center in Brooklyn, New York, noticed that depression seems to heighten the risk of medical illnesses and is often paired with chronic diseases such as diabetes, cancer, high blood pressure and arthritis. He also said that older adults might be affected by vascular depression, a depression caused by inadequate blood flow to the brain.

Treating Depression

Like any other age group, medicine and psychotherapy are typically successful treatments. Finding a medication that works can be trickier, because some antidepressants can't be taken with other medications or have side effects that could be dangerous to older adults (forgetfulness or lightheadedness, for example).

Psychotherapy, while conventional to baby boomers, is not conventional for those over 75. It may take more persistence to convince an older person to talk about their feelings, but those that do generally benefit. Psychotherapy is a good way for people to discuss their life, make goals, learn coping skills and, with cognitive therapy, learn how to stop the cycle of negativity that affects people with depression.

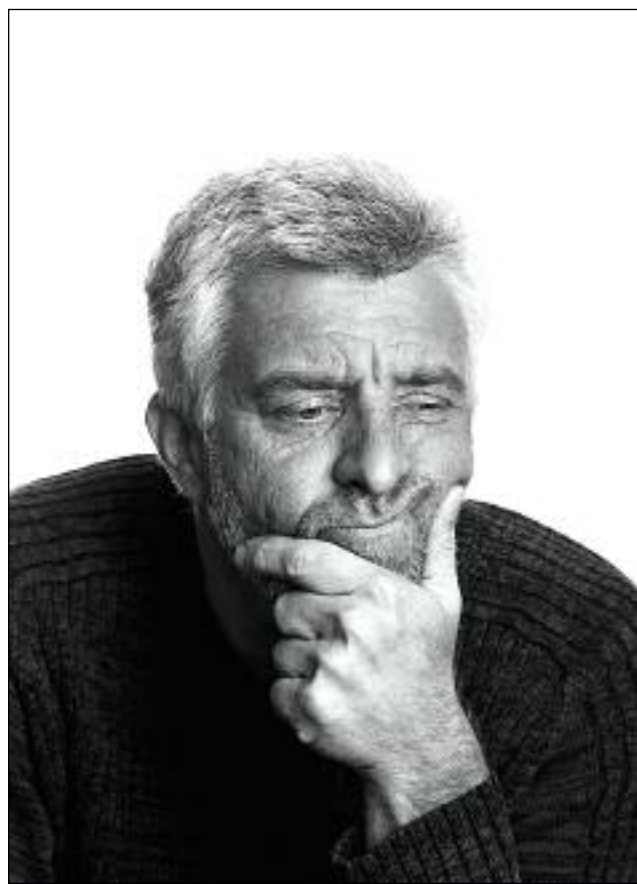
Aside from prescribed treatments, spouses, family and caregivers can help a depressed loved one focus on reconnecting with the activities, people and things that they respond to and enjoy. For example, if someone has stopped attending church because he or she can't hear, make an appointment with an audiologist. If isolation and loneliness are issues, find a way to get them to a senior center several times a week.

Bragin says that people who have depression benefit from regular exercise. You get an instant mood boost from exercise as it releases endorphins and increases circulation to the brain; plus, it is good for your entire body and takes your mind off things.

McNicoll recommends finding a senior center for classes, meals, socialization and trips and taking the opportunity to volunteer if you are able.

“You don't have to be depressed and you don't have to live the rest of your life with depression,” McNicoll says. “It is not a normal part of aging.”

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WHAT IS YOUR LIFE DEDUCTIBLE?

BY KEVIN POWERS
The Powers Agency

As a husband, father, and business owner that turned 50 last year, considering the topic of 50+ wellness brings my most immediate thoughts to having financial protection for my family and business so they can continue if something were to happen to me. Each time insurance coverage is purchased, we have the opportunity to choose a deductible. This is the amount we are willing to self-insure, or the out-of-pocket cost we have before insurance coverage 'kicks in.' Whether home, auto, or business protection, the insurer covers the risk and picks up the tab above this deductible up to the coverage limit on the policy. An often-overlooked and very important deductible is a 'life deductible.' This deductible pertains to business or family needs, as well as estate and retirement planning.

To calculate your life deductible, subtract the life or disability coverage you currently have from what finances would be needed, in the event of your death or disability, for your family or business to continue as they are now. Items for consideration should include covering debt, income/cash flow replacement, mortgage and educational needs. For businesses, Key Man and Buy Sell agreements should be included. Retirement and estate planning needs also fall into



this life deductible category. When viewed in this fashion, most families and businesses are carrying a significantly higher life deductible than they would consider for other insurance coverages. Yet, the end results of self-insuring for these needs can be far more devastating. When life and disability protection is minimized and self-insuring is relied on, it often means the sale of a home or business, losing assets that have taken years to accumulate, and possible loss of a legacy that has been in a family for generations. In many cases it causes undue physical and emotional stress as well as placing friends or family in very difficult financial situations.

Many reasons can lead to these circumstances occurring. Statistics show the following:

Priorities and Procrastination

59% of adults say they haven't bought life or disability insurance because of other financial priorities.

52% put expenses such as cell phone or cable television ahead of life or disability protection.

30% don't buy because "they don't like thinking about it" or "just haven't gotten around to it."

37% haven't purchased because they are unsure how much or what type to buy.

64% of wage earners believe their odds of becoming disabled for three months or more is less than 2%, yet the chance is about 25% for someone entering the workforce.

Need

Adults indicate income replacement as the number one reason for

owning life insurance:

65% of adults agree they need life insurance.

31% say they would feel the financial impact of a primary wage earner within one month of death or disability.

50% of adults age 25-44 are concerned with leaving dependents in a financially difficult situation.

40% of women wish their spouse or partner had more life insurance coverage.

62% of all personal bankruptcies in the United States in 2007 and 50% of home foreclosures in 2006 were related to health and medical issues.

Cost

Two out of three adults think life insurance is too expensive, yet they overestimate the true cost by more than 2 times, and those with no current protection by more than 3 times.

80% of Americans overestimate the cost of life insurance.

Solutions to minimize your life deductible are generally far more affordable than the alternative. These solutions deliver peace of mind knowing family, business or a legacy is protected and life can continue without an overwhelming burden placed on those we love.

Kevin grew up on a dairy farm in Waterford where he resides with his wife Deb and their four children. He owns The Powers Agency, 709 Portland Street in St. Johnsbury, VT. He represents Farm Family and American National Insurance Companies. Specialties include Life, Disability, Retirement, and Estate planning strategies for family and business.

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(left to right) Danielle Speer, APRN; Marlene Sarkis, MD and Peggy Piette, APRN

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HEALTHY LIVING WITH DIABETES

BY LUCY GORDON
Littleton Regional Healthcare

You just heard you have pre- or type 2 diabetes and ask yourself what that means for your future.

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and about 90-95 percent have type 2. Americans age 65 years or older account for 11.2 million. If the trend continues by 2050, one in three American adults will have diabetes.

Diabetes kills more Americans every year than AIDS and breast cancer combined. It is so common it's called an epidemic.

If everyone lived as if they had diabetes, many Americans would be healthier. Being mindful of diet, weight, activity, stress and risks for health problems makes a difference in managing all chronic health conditions, including being overweight and obese.

The way to control problems from pre- or type 2 diabetes is to practice a healthy lifestyle and keep regular appointments with the clinician, eye doctor, podiatrist, or dentist. Some people may need to learn to run a glucose meter or inject a hormone known as insulin (not everyone with type 2 diabetes has to inject insulin), but otherwise the advice will be the same for everyone. When you live a healthy lifestyle you boost chances for having a long healthy life. Healthy habits are vital because diabetes is an added risk for serious health problems.

Start to manage your diet and weight. Research shows it's important to eat regular meals, manage portion sizes, and choose healthy foods for meals and snacks. 85.2 percent of people with type 2 diabetes are overweight and obese.

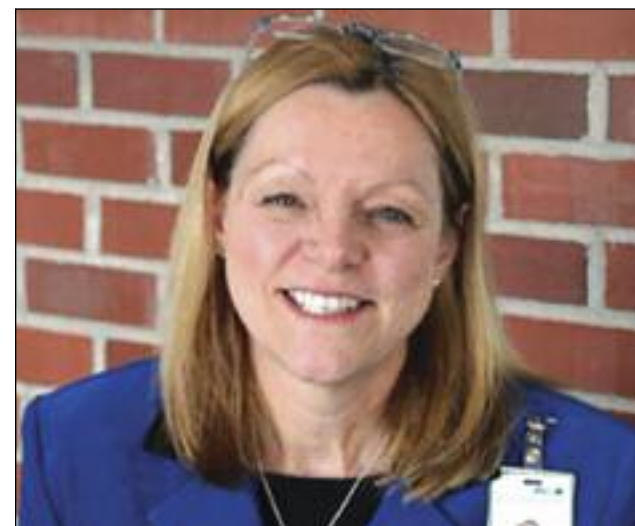
Eat vegetables and lean meats and avoid packaged foods because they usually have a lot of added sugars, fats and salt. Drink more water and avoid beverages like soda, sweetened coffee drinks or fruit juices because they have a lot of sugar and will raise the glucose in your blood.

Think about how you feel and react to problems or burdens in your life. When you have strong emotions, illness or pain, the body reacts by increasing glucose in the blood and this can add to serious health problems. Find healthy ways to cope with emotional or physical stress in your life.

Work to be active every day. You don't have to be an Olympian. If you can play ball, walk or play with pets and children you can keep your body in quality condition and control problems. If you are already active, add ways to be more active, stay flexible and get stronger.

When a possible problem is "on the radar," reach quickly to lower chances it will get worse. Keep your regular visits with the clinician, dentist, eye doctor and podiatrist.

The good news is we can do more today to control problems from uncontrolled pre- and type 2 diabetes using tests and medications then even 20 years ago.



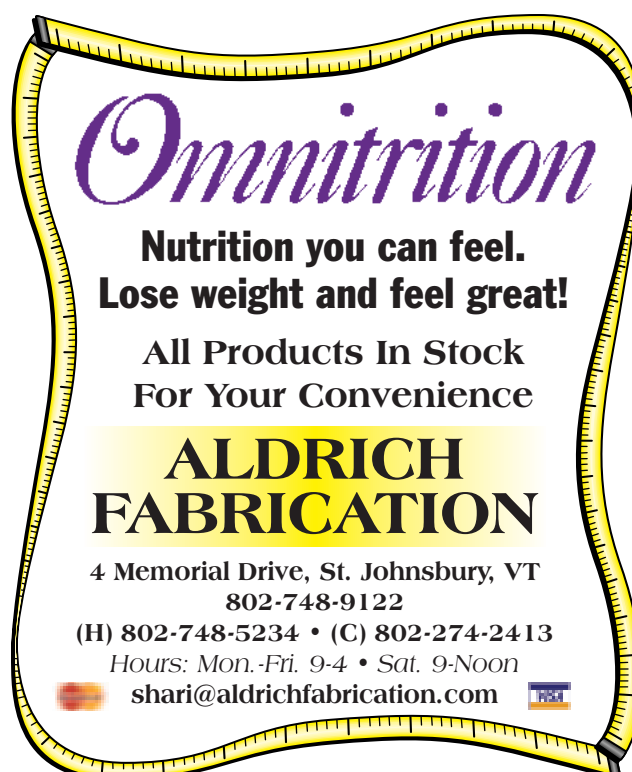
Lucy Gordon, RN-BC BSN is a Certified Diabetes Educator with more than 15 years experience as a registered nurse, and diabetes educator. She has been ANCC Board Certified in Gerontology since 2003. She is a member of the American Association of Diabetes Educators. To schedule an appointment with the Diabetes Education Department at LRH, please call 603-444-9323.

Remember these four keys to control: (1) find out exactly what pre- or type 2 diabetes is to help you make informed health decisions; (2) practice healthy lifestyle habits; (3) know what to look for so you can quickly alert your clinician; and (4) find ways to stay mentally and physically upbeat so you can do everything possible to control serious health problems.

Type 2 diabetes is never cured; but when you know what it is, practice healthy lifestyle habits and work with your clinician, often it can be controlled.

Managing pre- or type 2 diabetes is about healthy living. If you practice healthy lifestyle habits you pave the road to a long healthy life. With a healthy body you can enjoy the quality of life you've planned for.

REFERENCE: AMERICAN DIABETES ASSOCIATION.
FAST FACTS DATA AND STATISTICS ABOUT DIABETES. REVISED 2015. WWW.PROFESSIONALDIABETES.ORG/FACTS



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TIPS FOR GRANDPARENTS HELPING TO RAISE CHILDREN

As retirement age approaches, many older adults envision themselves downsizing and moving to a quaint community to enjoy their golden years in as relaxing a fashion as possible. However, for a growing number of seniors, their retirement years are being spent helping to raise grandchildren.

United States Census data from 2010 indicates 4.9 million American children are being raised solely by their grandparents. CanGrads, a National Kinship Support organization, says approximately 62,500 children are being raised by grandparents and other family in Canada. Many grandparents provide part-time care when their older children have to move back home with their families, as roughly 13 million children are now living in homes with their grandparents.

Although being raised by grandparents may not be the ideal situation for all parties involved, such situations are a necessity for many families. Seniors who are once again thrown into the caregiver arena may need a crash course in childcare or a few pointers on parenting in the modern age.

Get the right equipment. Children certainly require a lot of gear, more than grandparents likely used when raising their own children. Certain safety requirements are in place to safeguard young children, and that often means investing in new cribs, car seats, high chairs, and other items. Grandparents should resist the temptation to use old items

they may have kept in storage, as such items may no longer be safe and could put grandchildren at risk for injury.

Gather important documents. Grandparents should keep pertinent documents in one easily accessible place in their homes should an emergency arise. These include birth certificates, health immunization records, death certificates (if the child's parents are deceased), dental records, school papers, citizenship papers, and proof of income and assets.

Speak with an attorney. Lawyers can help grandparents wade through legal arrangements, such as filing for custody, guardianship or adoption. Options vary depending on where petitioners live, but lawyers can provide peace of mind to grandparents concerned about their grandkids' futures.

Investigate financial assistance. Seniors may not earn the income they once did and may be on assistance programs or living off of retirement savings. Grandparents who find themselves caring for a child may be eligible for financial assistance. The Temporary Assistance for Needy Families is a joint federal and state program that can provide need-based financial assistance. The AARP or the organization GrandFamilies may be able to put grandparents in

touch with financial advisors in their areas.

Contact schools and daycare centers. School-aged children will need to be enrolled in school. Grandparents should contact the de-

discussed with local Social Services offices. Enrollment in school or daycare can provide grandparents with much-needed free time during the day.

Find emotional support.

Taking care of grandchildren is a full-time job. At times, grandparents may feel stressed or out of sorts. Having a strong support system available can help grandparents work through the peaks and valleys of this new and unexpected stage in life. Church- or community center-based counseling services may be available. Grandparents also can check with their healthcare providers to determine if counseling or therapy sessions are covered under their plans.

Caring for grandchildren is a life-changing event. Although it can be fulfilling, it

also requires a lot of energy and commitment. But grandparents needn't go it alone, as there are numerous resources available to seniors who suddenly find themselves caring for their grandchildren.



partment of education where they live to learn about local school systems, especially when grandkids are moving in with their grandparents. Some grandparents can qualify for free or low-cost daycare, and such programs can be

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