

# Body & More: 50+ Wellness

The Caledonian-Record

Thursday, August 24, 2017

**5 Ways  
Cooking  
Can  
Improve  
Health**

**+**

- Work Longer, Live Better?
- Youth Is a 'HIIT' Away
- How to Stay Healthy in Retirement

**The Long  
Walk  
To  
Wellness**

New research finds it  
takes more than 10,000  
steps to stay fit

**Warning  
Signs**

Spot the symptoms of a  
'silent' heart attack

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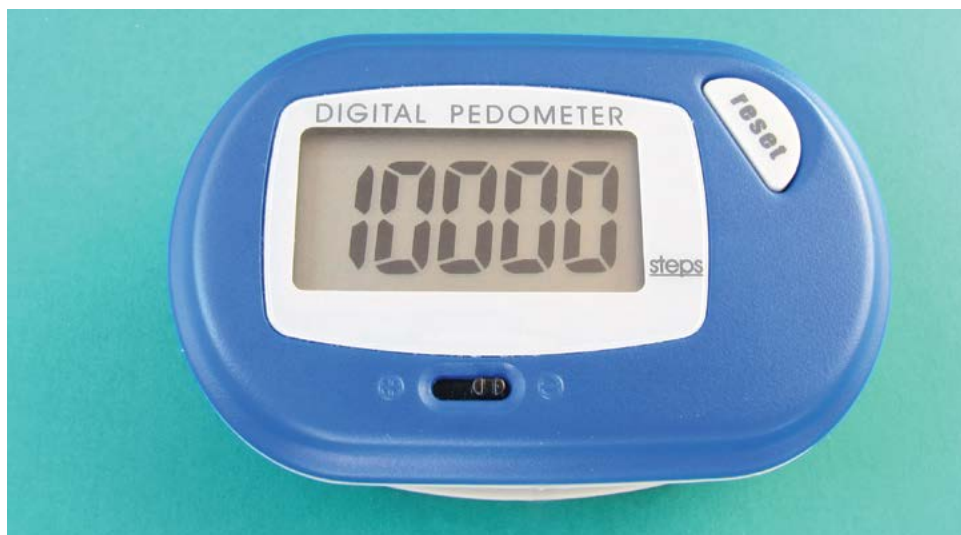
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# Walk On



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## Why 10,000 steps per day might not be enough to keep you fit



BY CRAIG GUILLOT  
CTW Features

**W**ith the growing popularity of fitness watches and trackers, tens of millions of people are now measuring the number of steps they take per day. Many of these trackers use 10,000 steps as a daily baseline exercise goal, but experts say this is an arbitrary number that may not be enough to boost fitness levels or promote weight loss.

Just how many steps one should aim for in a day depends on current fitness level, weight and aerobic threshold. Not all walking is equal and trainers note there is a big difference between the steps in walking to

the bathroom or mailbox and in the steps taken during a brisk power walk. The commonly used threshold of 10,000 steps per day has not been scientifically validated and there's growing evidence that we may need to walk further.

A new study at the University of Warwick in Coventry, England followed 111 postal workers in Scotland. It found that workers who sat for most of the day tended to have larger waistlines, higher BMIs and worse blood sugar control and cholesterol than those who frequently stood and moved. Researchers also found that for every hour beyond five hours that workers sat each day, they added nearly a quarter percent increase to their likelihood of de-

Steps continues on 4 L

## Steps

Continued from Page 3

veloping heart disease. Unsurprisingly, the best health metrics were found in those who had engaged in the greatest amount of activi-

ty. Those who had normal BMI, waistlines and metabolic profiles walked an average of more than three hours per day, covering at least 15,000 steps.

Warwick clinical lecturer and lead researcher Dr. William Tigbe says the

findings could be used as a basis of new public health targets for sitting, lying, standing and stepping to avoid metabolic risks. "The levels associated with zero risk factors were walking more than 15,000 steps per day, which is the equivalent

to walking seven to eight miles, or spending seven hours per day upright," Tigbe says.

Walking 30 minutes per day can help a person attain improved body composition, decreased risk for metabolic syndrome from



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things like excess body fat, high cholesterol and high blood pressure. Yet the Centers for Disease Control and Prevention, Atlanta, reports that nearly 80 percent of Americans do not get the recommended levels of 150 minutes of moderate physical activity per week.

Exercise monitors have helped encourage more people to walk by providing information and even games on social networks where people can share their success. Fitbit reports that roughly 17 million people use its app daily to track their exercise efforts. According to the Mayo Clinic, a 160-pound person can burn between 200 and 300 calories in an hour of walking.

How quickly a person walks can also impact the quality of those steps. Researchers at the School of Exercise and Nutritional Sciences at San Diego State University studied patients on a treadmill and found the optimal health benefits were achieved at a pace of at least 100 steps per minute.

Lead investigator Simon Marshall, PhD, at the School of Exercise and Nutritional Sciences at San Diego State University,

says walkers should aim to start with 10-minute bouts of walking at 100 steps per minute, then slowly increase their time to build up to 3,000 steps in 30 minutes.

Tigbe notes it also would be challenging to step recommendation levels unless it was incorporated into people's occupations. While desk workers may walk less than a few thousand daily steps on the job, construction workers and mail carriers likely already log 15,000 steps during the workday.

Most health professionals agree that some walking is better than nothing, so patients should focus less on their steps and more on long-term lifestyle changes that lead to more movement and less sitting. Professor Mike Lean, Chair of Human Nutrition at the University of Glasgow's School of Medicine, notes that human evolution did not equip us well to spend all day sitting down.

"We probably adapted to be healthiest spending seven to eight hours every day on our feet, as hunters or gatherers," Lean says.

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# PLANNING FOR END-OF-LIFE HEALTH CARE

**JAY C. ABRAMSON**

Law Offices of Jay C. Abramson

**“Taking control of your medical decisions are important at all times and especially at end of life.”**

Jay C. Abramson  
Law Offices of Jay C. Abramson

**E**nd 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 that in Vermont are reflected in an Advance Directive document.

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 need to be in your Advance Directive, sometimes commonly 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 end of life 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 and promote your values about end of life care. 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 very 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 how you would like your end of life decisions to be followed.

In addition, the Vermont Advance Directive Statute allows you to address oth-

er end-of-life issues such as hospice care, pain management, persons responsible for decisions at the time of death including preferences for burial, cremation, or other post-death affairs.

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 maintaining 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 those you 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 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 surrounding 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.

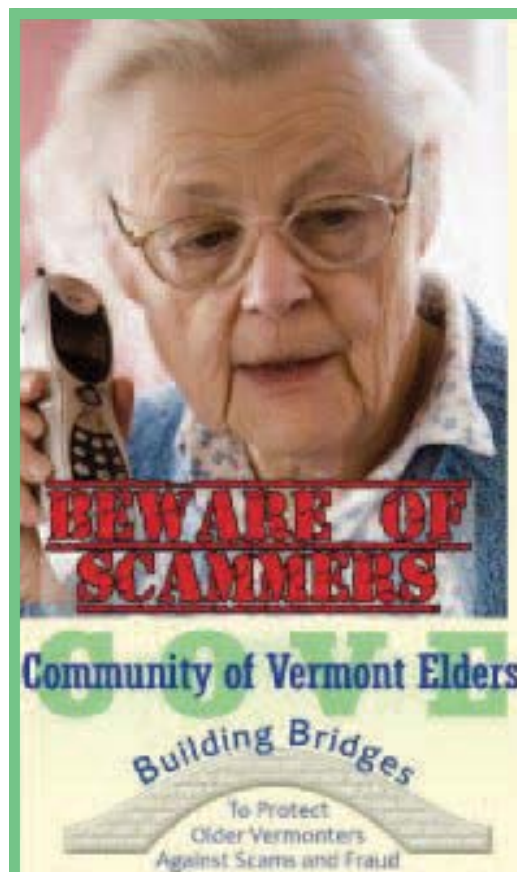
In Vermont, the Department of Health maintains an Advance Directive Registry allowing electronic storage and access to your Advance Directive by medical practitioners if you happen to not have the actual document on hand. This is very convenient both while in Vermont or if you should suf-

fer 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: <http://www.healthvermont.gov/systems/advance-directives>, call 1-800-548-9455, or <http://www.vtethicsnetwork.org>.

*Jay C. Abramson opened the Law Offices of Jay C. Abramson in St. Johnsbury in 1995. In May of 2005, Jay became a Certified Elder Law Attorney by the National Elder Law Foundation. He provides counseling and represents special needs, older persons and their representatives about*



*the legal aspects of health and long-term care planning, public benefits, surrogate decision-making, and older persons' legal capacity. For more information, call 802-748-6200 or visit us at [www.kingdomlawyers.com](http://www.kingdomlawyers.com).*



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# Chop, Stir And Sauté Your Way To Better Health

## 5 ways cooking can improve your overall health

BY BEV BENNETT  
CTW Features

School of Medicine's Department of Family Medicine, Morgantown.

Of course you have to make the right choices.

But you have more control over portion size and ingredients, according to Dr. King. "The potential for healthy eating is much greater," he says.

### 2. Provides physical activity

Walking from your car to the supermarket door and then into the house to unload groceries counts as a physical activity.

Even cooking – chopping vegetables or stirring food on the stovetop — may have a positive effect.

"No doubt that the biggest benefit comes from getting people who do nothing to do something (getting up off the couch)," writes Stuart M. Phillips, Ph.D., Canada Research Chair Professor, Department of Kinesiology, McMaster University.

"Anything that leads to energy expenditure over and above sitting would do it," writes Phillips in an email interview.

Any movement one does is actually physical activity, Phillips writes.

But it is not the same as planned, structured, repetitive and intentional movement intended

Once mealtime is no longer shared with your children or based on work schedules you may be eager to stand in a restaurant line instead of at your kitchen stove.

Why should you cook when you no longer have to set a good example for young children at the table?

The question should be why not.

Home cooking can promote a better diet and so much more, say nutrition and health experts.

Here are five ways it contributes to your health.

### 1. Improves nutrition

The balanced meals you made for the family may not seem necessary now.

"As people become empty nesters they may become lax with their eating habits," says Angel C. Planells, MS, registered dietitian nutritionist and spokesperson for the Academy of Nutrition and Dietetics.

That shouldn't be the case.

"It's pretty well documented in research that cooking at home is better for your health than eating out," says Dr. Dana King, professor and chair of the West Virginia University

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**Cook** continues on 7

**“I think one thing people are missing in cooking is the enjoyment and mental/spiritual aspect of preparing something nutritious. It’s hard to quantify, but part of why cooking is good for you.”**

Stuart M. Phillips  
McMaster University



## Cook

Continued from Page 6

to improve or maintain physical fitness, he writes.

How about squats while you’re tending the soup?

### 3. Stimulates the brain

Getting involved in mentally stimulating activities such as craft activities, even late in life, may protect against new-onset mild cognitive impairment, according to a recent study in JAMA Neurology.

Although cooking wasn’t one of the crafts studied, it is associated with cognitive health, according to Dr. Yonas Geda, psychiatrist and behavioral neurologist at Mayo Clinic’s Arizona campus and senior author of the study.

“Cooking involves planning, sequencing, judgment [prefrontal functions],” writes Dr. Geda in an email interview.

As a creative endeavor, it “stimulates the mind, nourishes the body and builds a healthy attitude,” says Russell de Souza, ScD, registered dietitian and nutrition epidemiologist, McMaster University.

Forgetting the culinary basics may be a sign of mental deterioration.

“In dementia, one of the early signs is decline and eventually complete inability to cook,” writes Dr. Geda.

### 4. Creates opportunities for social interaction

The same JAMA neurology study lists social activities as brain protective.

“We have observed that social activities in old age are associated with decreased risk of cognitive decline,” Dr. Geda writes.

Invite friends over for a home-cooked meal.

Sign up for a cooking class.

“It can be educational, social and fun,” says Planells, Seattle, Wash.

### 5. Encourages mindfulness

Paying attention to what you’re experiencing in the current moment may help block stressful distractions. As you engage all your senses in the task at hand you may experience a calming effect.

You can take a yoga class, meditate or perform your usual kitchen tasks, focusing on the process.

While stirring a stew, inhale the aroma, notice the way colors become deeper and the broth thicker as the ingredients cook and savor the moment.

“I think one thing people are missing in cooking is the enjoyment and mental/spiritual aspect of preparing something nutritious. It’s hard to quantify, but part of why cooking is good for you,” writes Phillips.

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# Caring For An Elder Loved One?

## Don't Forget to Take Care of Yourself

**JILL KIMBALL**

Ammonoosuc Community Health Services

Stacey Benning\* loves summer. This year she had a long list of places to explore with her kayak – until she received a call that her 76-year-old mom, Rose, was wandering her neighborhood in a night gown.

Stacey took the next flight to Charleston, N.C., where her mom's once tidy home was in disarray. "Dishes were piled high, there was expired food in the fridge, and ants were everywhere!" recalled Stacey. Rose, once a hospital administrator, was disheveled and confused. "Her medications were messed up. She had no idea, what she took or when."

A trip to a primary care provider confirmed that Rose had dementia. Over the next week, Rose was stabilized and seemed better. But what about the future?

### Stress of always being "on" takes its toll

Since there was no family nearby, Stacey moved Rose to New Hampshire so she could

care for her. This was no easy task. Stacey, lives alone and works a full-time job at a large retail chain. To make matters more difficult, she is also battling skin cancer.

"Just getting my mom transitioned to the move was hard enough. Never mind, that I need to physically care for her." After a few weeks of unpaid Family/Medical Leave, Stacey needed to return to work. The stress of constant caregiving and her own medical concerns began to take its toll. "I just need a break." Stacey said recently. "I'm constantly worried. Not just for my mom, but for my own health, too." Stacey wants to do what's best for her mother. "I'm happy to care for her. But, I just don't know if I'm equipped."

### Nearly 30% will have to care for their parents – the key to success is balance

Stacey is not alone. It is estimated that 28% of American's with parents still living will need to support their aging parents. How can caregivers properly care for those they love and still care for themselves? The answer, according to ACHS Family Care Physician

David Nelson, DO, is in balance.

Dr. Nelson sees a panel of area residents that includes geriatric patients and those who care for them, including Rose and Stacey. "We all want to do what's right for our loved ones, but it can't come at a cost to our own health. Caregiver burn out is a real thing. We need to utilize existing resources, and develop creative options to help us stay in balance."

### 5 Tips to help with caregiver Burn-out

- Gain understanding. Knowledge is power – Speak to the patient's primary care provider and their pharmacist to better understand their diagnosis, and their prescriptions. Stacey also reached out to a ACHS Patient navigators for resources.

- Build outside relationships – Lean on friends and family. Find a caregiver support group. Schedule an appointment with a therapist so you'll have a safe place to vent your concerns and frustrations.

- Find resources – Compile a list of resources such as visiting nurses, Adult Day Programs and Senior services. Speak with your HR department to understand your benefits and Employee Assistant Programs where offered.

- Utilize technology – There are a variety of caregiving apps, including medication management, chronic illness maintenance and even transportation. Check out: AARP, Balance, Elder 411 and more.

- Schedule time for you – Take a break and give yourself down time. Share responsibilities. Accept help. Remember to care for yourself first so you can better care for others.

Now that Stacey's mom is settled in her new home, Rose is stronger and can visit the



senior center a few times a week. Stacey uses her smartphone and a video app to monitor mom while she works, and relies on a neighbor for check ins. Stacey also started seeing a therapist once a month, and schedules a kayak night once a week. According to Stacey, "It helps me maintain balance ... and my health and wellbeing!"

*Jill Kimball, APR, is the Community Relations Manager at Ammonoosuc Community Health Services, Inc. in Littleton, NH. She works with organization's primary care and behavioral health providers, pharmacists, nutritionists and patient navigators to deliver ACHS's message to their 10,000 patients and the community. For more information on ACHS, visit [www.ammonoosuc.org](http://www.ammonoosuc.org).*

*\*The names of those in this story have been changed to protect their privacy.*

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# AQUATIC THERAPY: WHAT IT CAN DO FOR YOU

**NIC TREMBLAY**

Northern Physical Therapy

So, what is the first thing that comes to mind when you hear the word “water?” I’ll even add “H<sub>2</sub>O” and “dihydrogen monoxide” to the mix to help lubricate your thoughts. Now, take a minute and think ... I’ll wait for your answer.

Okay! Time’s up! Ready? I’m willing to bet things like “hydration,” “rain,” and “river” came to mind or maybe even “jet ski,” “water park,” and “scuba dive.” How about “low back pain relief,” “joint unloading,” or “muscle relaxation?”

Water, aside from its many obvious benefits, can be a helpful medium used in physical therapy for healing and pain management. The vast array of uses for water can offer a surprising number of advantages over land therapy.

The average therapy pool used for physical therapy is typically around 88-92 degrees F. This helps promote blood vessel dilation and muscle relaxation which can aid in relieving stiffness and soreness in muscles. It also provides a comfortable en-

vironment away from the stresses of day to day life which can contribute to the above stated muscular problems.

Due to buoyancy the deeper a person is submerged in water the less they weigh. This reduces the pressure on lower extremity joints (joint unloading) during weight bearing and can allow for pain free exercise while in water. Also, with the aid of flotation devices, people can float on their backs for further joint unloading and put themselves in an ideal position for a therapist to work on joint range of motion or soft tissue manual therapy. This gravity-defying feature can even give people the ability to perform exercises that would be impossible on land (horizontal wall squats anyone?!).

Viscosity (the quality in water that makes it “thick” and difficult to move through) offers the opportunity for strengthening and cardiovascular work in unique and unorth-

odox ways. Strength exercises as simple as lifting one’s leg to the side can be made more challenging with the viscosity of water. Cardiovascular benefits exist as well. Don’t swim? No worries! Sit on a noodle and do some bicycles in place until to get your heart pumping!

Lastly, higher quality facilities offer special features like underwater treadmills and jet propulsion for an “endless pool” swimming experience. Concepts like joint unloading and viscosity can be applied to these features and truly make for a one-of-a-kind experience. The bottom line is that aquatic therapy is a fluid approach to a healthier you!

Nic Tremblay is a Physical Therapist Assistant at Northern Physical Therapy in Lyndonville, Vt. For more information, visit <https://nptvt.com/>. “I’ve always known that I wanted to help people, and I’ve spent

“Water, aside from its many obvious benefits, can be a helpful medium used in physical therapy for healing and pain management.”

Nic Tremblay  
Northern Physical Therapy



*a lot of time exploring different mediums to achieve this end before finding my muse in the form of physical therapy. I get to work with one of nature’s most beautiful creations, the human body, and to be constantly surrounded and inspired by our most fantastic quality, the human spirit.” - Nic Tremblay*

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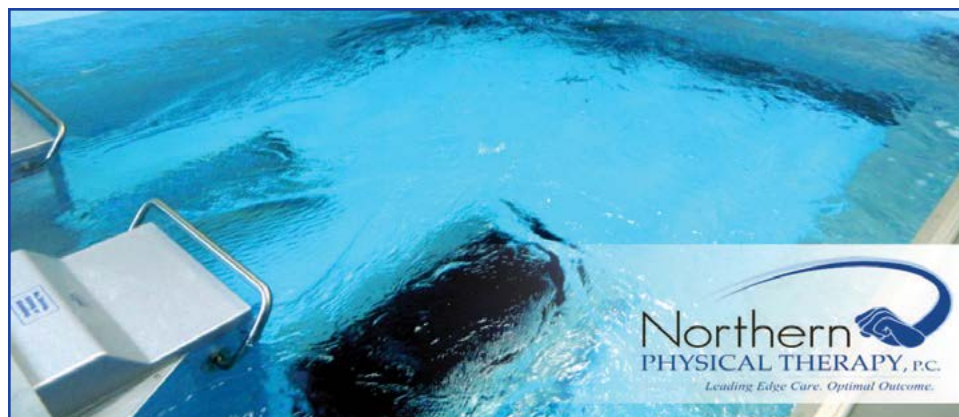
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# Heart-Saving Advice

‘Silent’ heart attacks are more common and dangerous than previously thought — here’s what you need to know

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**BY CRAIG GUILLOT**

CTW Features

New research suggests that half of people who have experienced a heart attack may not even know it. It’s especially concerning since “silent” heart attack sufferers are unlikely to receive proper medical care and are more likely to die from heart disease or other causes.

Researchers from Wake Forest Baptist Medical Center in Winston-Salem, N.C., analyzed medical records from a heart study of more than 9,500 middle-aged adults. Nearly ten years after the start of the study they found that while 386 participants experienced heart attacks with clinical symptoms, another 317 had symptomless “silent” heart attacks and didn’t even know it. As they continued following the patients, they found silent heart attacks accounted for 45 percent of all heart attacks. They also increased the chances of dying from heart disease by 3 times and increased the chances of dying from all causes by 34 percent. The findings were published in *Circulation*, the *Journal of the American Heart Association*.

Dr. Elsayed Z. Soliman, MSc., M.S., senior author and director of the cardiology research center at Wake Forest Baptist Medical Center, said these heart attacks are just as bad, if not worse, as ones where patients are aware they are happening. While classic symptoms of a heart attack can in-

clude chest pain, shortness of breath, cold sweats and nausea, silent heart attack symptoms are so subtle the person doesn’t notice them. In many cases, they may not find out for months, even years, after they’ve had a heart attack after a routine checkup or blood test. Only after an EKG to measure the heart’s electrical activity do these patients learn they had a heart attack.

“And because patients don’t know they have had a silent heart attack, they may not receive the treatment they need to prevent another one,” Soliman says.

Because a heart attack usually creates permanent scarring and tissue damage, those who have one are at greater risk of having another. Fortunately, due to modern medicine and technology, patients are more likely to survive and recover from heart attacks than they were in the past. Post-heart-attack treatment can involve major lifestyle changes, medications and procedures such as a stent or angioplasty. Yet obtaining the right treatment is dependent on the person recognizing the symptoms and acting quickly. A 2005 survey found that while 92 percent of people identified chest pain as a sign of a heart attack, only 27 percent were aware of all major symptoms. The Cleveland Clinic says even subtle things like unusual fatigue, sweating or mild pain in the neck, jaw or back, could be a sign of a heart attack.

The Centers for Disease Control and Prevention reports that more than 735,000

Heart continues on 11

# GET TOGETHER FOR GREAT RESULTS

**LORI MORANN**

North Country Community Recreation Center

It is well known that regular exercise benefits your health. If you are just starting out, or are losing motivation, consider joining an exercise group.

Group exercise is typically performed by a set

of individuals led by an instructor, but could also include getting together with like-minded people for a common activity, like a walk or a round of pickleball.

Group exercise offers a variety of benefits you might miss out on if you choose to work out on your own, including:

- Exposure to a social and

fun environment

- Consistent scheduling
  - An accountability factor
- Plus joining an instructor led class

• Gives guidance for a safe and effective workout,

• Often requires no prior experience

Joining a group can also lead to new friendships, particularly helpful for when one is feeling isolated or alone. Contact your local

recreation, fitness or senior center for a schedule of classes or meet up groups.

Get together, have fun and keep moving! Be well.

*Lori Morann is the Executive Director of the North*

*Country Community Recreation Center; a year round facility housing an indoor pool, and hosting the OWLS (Older Wiser Livelier Seniors) Program.*



Another dental visit?  
Turns out you have better things to do with your time.



## Heart

Continued from Page 10

Americans suffer heart attacks annually and that it is the leading cause of death in the U.S. – roughly one in every four deaths. A heart attack, or myocardial infarction (MI), is damage to the heart muscles that occur when a coronary artery becomes blocked.

While doctors have always known silent heart attacks occur, the research shows they may be much more frequent than previously thought. Researchers say it underlines the need for more awareness of heart attack symptoms and how to reduce risk through exercise and healthy eating.

“The modifiable risk factors are the same for both kinds of heart attacks. Doctors need to help patients who have had a silent heart attack quit smoking, reduce their weight, control cholesterol and blood pressure and get more exercise,” Soliman says.

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# BUILDING BRIDGES TO SERVICES FOR SENIORS

**MARICHEL VAUGHT  
AND NANCY METZ**

Community Of Vermont Elders

**W**hen we retire, we anticipate peace of mind, lowering our stress levels and having more time to do as we wish. Maybe we're looking forward to downsizing to a smaller home and moving to a more convenient neighborhood, closer to town amenities.

Our financial well-being is closely tied to our overall health and wellness. One phone call, one pop up on the computer, and peace of mind could become a thing of the past. If our financial well-being is interfered with by a scam or fraud or some other type of financial exploitation, just living day to day can become difficult. (Think about your blood pressure.)

We all know that there are frauds and scams coming at us over the phone, through the mail, by way of the internet, and even through the front door. However, we don't always know whom to call or where to go when we need help to stop the

intrusion and in many instances, the crime. We need to be prepared and educated about whom to call and where to go for help. We need to be informed and knowing about steps to take. We need to become comfortable with reporting financial crime as it affects us.

There are a few new helpful initiatives. One is the VT-Alert on scams. People are encouraged to sign up to start receiving these alerts by either visiting [consumer.vermont.gov](http://consumer.vermont.gov) or calling 1-800-649-2424. The other is Vermont's 2-1-1 call center. If you think you may be the target for or have been a victim of a scam, and you don't know whom to contact, dial 2-1-1. They can and will refer you to the appropriate organization. (Just feel your blood pressure go down.)

Building Bridges to Services for Older Vermonters is also a new project, one that deepens COVE's "Senior Medicare Patrol" Program's work to prevent health care fraud. In the fall of 2016, the Community of Vermont Elders (COVE) found an opportunity to do more to help fight the onslaught of scams and fraud. Executive Director, Gini Milkey,

wrote a successful grant application and Building Bridges to Services for Older Vermonters was funded. The grant was awarded from federal Victims of Crime Act money and received through the Vermont Center for Crime Victims Services. COVE is an established Vermont not-for-profit organization located in Berlin, Vt. Its reach is statewide and it has long provided education and advocacy for older Vermonters.

We are available to talk with groups about fraud and scams, about recognizing the signs, about what to do, and about what avenues to follow to get help. We are available to provide training to personnel who work with and care for older Vermonters. Our goal is to increase referrals to appropriate services for older citizens who do become victims, as we continue our educational work to decrease the number of Vermonters who are vulnerable to becoming victims of fraud and scams.

Making connections, providing information and education, facilitating referrals and working collaboratively with other agencies to protect older Vermonters from fraud and scams is



Marichel Vaught and Nancy Metz

the work of Building Bridges.

Marichel Vaught, on left in photo, worked with Meals on Wheels of San Francisco and other non-profit organizations. She also works for The Bridge newspaper in Montpelier. Nancy Metz lives in West Newbury, Vt. She came out of retirement to work on Building Bridges. Prior

to retirement she had held management positions in healthcare and social service organizations. For more information or to schedule a training, call 802-229-4731 or e-mail [Marichel@vermontelders.org](mailto:Marichel@vermontelders.org), [Kelly@vermontelders.org](mailto:Kelly@vermontelders.org) or [Nancy@vermontelders.org](mailto:Nancy@vermontelders.org). Also learn more at <https://vermontelders.org/>.

## WEALTH IS NO INDICATOR OF HEALTHIER EATING HABITS

BY JESSE DARLAND  
CTW Features

**T**here's a common misconception that wealthier people are more likely to pay attention to what they consume and eat healthier diets. However, the results of a new nationwide survey are throwing cold water on that notion.

Conducted among the younger end of baby boomers – those in their 40s and 50s – the survey finds that the middle- and high-income Americans' diets don't tend to be any healthier overall. In fact, those in the middle-income group are in fact the most likely to eat fast food, though the margin is rather small.

"It's not mostly poor people eating fast food in America," says Jay Zagorsky, co-author of the study and research scientist at The Ohio State University's

Center for Human Resource Research. "Rich people may have more eating options, but that's not stopping them from going to places like McDonald's or KFC."

Zagorsky conducted the study along with Patricia Smith of the University of Michigan-Dearborn. The study has been published online and will soon appear in the November 2017 issue of Economics and Human Biology.

Researchers took a look at data from the National Longitudinal Survey of Youth. This study, which has been going on since 1979, tracks the preferences and behaviors of a randomly selected group of Americans over the years.

About 8,000 people were asked about fast food consumption habits in the 2008, 2010 and 2012 NLSY studies. Each study tracked a one-week period during each of the three years, and the participants were

in their 40s or 50s at the time the surveys were taken.

Researchers asked how many times in the past seven days they'd visited and eaten food from fast food restaurants "such as McDonald's, Kentucky Fried Chicken, Pizza Hut or Taco Bell."

The responses to this question were compared to other responses about wealth and income. While there was some slight variation between different income groups, the results were largely similar overall. Over the course of the three surveys, 79 percent of those surveyed said that they ate fast food at least once during any one of the weeks recorded in the survey, while 23 percent reported that they ate three or more meals.

Researchers next split the survey participants into ten different groups based on their income to see how income levels

**Habits** continues on 13

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# MAINTAINING CARDIOVASCULAR HEALTH

## NORTH COUNTRY HOME HEALTH & HOSPICE

Cardiovascular Health is vital to every human being's wellness. Two of the major components to monitor are your Blood Pressure and Blood Glucose (Sugar). They're both very easy to have screened and can be done in just minutes with immediate results.

Blood Pressure screenings are one of the most important screenings you can get for yourself as high blood pressure (resulting from the force of your blood flowing through your blood vessels consistently being too high), can result without warning due to its silent symptoms. It cannot be detected without being measured and it develops gradually over time, significantly increasing your risk of heart disease and stroke. High Blood Pressure cannot be cured, but it can be controlled by making lifestyle changes consisting of diet changes and increasing exercise, as well as by medication prescribed by your physician.

Blood Glucose (Sugar) screenings can also produce essential information that relates to your wellness. This screening detects if you are at risk for developing an insulin resistance which can lead to diabetes. In turn, if diabetes goes untreated, it can also turn in to serious health problems similar to the results of having high blood pressure.

North Country Home Health & Hospice Agency offers multiple free Blood Pressure/Blood Sugar Clinics each month throughout Coos and Grafton counties. All clinics are run by LNA's who have been trained to perform these screenings. They direct community members who have abnormal screening results to seek medical consultation as soon as possible and there have even been a few instances when emergency services had to be called to the clinic to assist screening participants who tested with extremely high levels.

Roberta Lehouillier, LNA, recalled an instance where she experienced a screening which resulted in an extremely high Blood Glucose reading of 490. She re-checked the level 30

minutes later with no change. She inquired if the person was receiving any regular medical care, which they weren't, so she advised them to seek medical attention. They got in to see a physician, and now, two years later their numbers are within the normal range and they still come to the clinic to have regular screenings.

Anita Boardman, LNA also experienced a screening which had resulted in a very high Blood Pressure reading. She advised this person see their physician immediately and they were admitted the same-day to the hospital.

All participants of these well-attended clinics, who are screened, receive documentation cards to help them keep a record of the Blood Pressure and Blood Sugar readings, which they are encouraged to bring to their next medical appointment so their doctor can see how they are monitoring their health outside of seeing their regular physician.

It's a fact that nearly one out of every six people have high blood pressure and aren't aware of it. Monitoring and keeping up on your wellness is your gateway to longevity and good



Shown in photo are NCHHH Licensed Nursing Assistants: back row, from left: Roberta Lehouillier, Roxi Wessels, Rosy Martell; and front row, from left: Patty Rivera, Correna Locke, Anita Boardman.

health. Be sure to seek out available (usually free) screenings in your area and keep your physician informed of any changes in your health.

Submitted by North Country Home Health & Hospice. For more information, visit <http://northcountryhome-health-hospice.org/>.

## Habits

Continued from Page 12

affected the results.

Their findings? Around 80 percent of the lowest 10 percent of income ate fast food at least once, compared to around 85 percent of those ranked near the middle (40 to 50 percent) and around 75 percent of the richest 10 percent of people.

In other words, while there were some slight variations, the big picture was mostly the same.

Patterns were similar for the number of fast food meals eaten during the three weeks studied. Those in the lowest 10 percent ate about 3.6 fast food meals during the three weeks of the survey, while the middle-income group ate about 4.2 meals. The richest 10 percent at about 3 meals over the three weeks surveyed.

One other interesting finding is that, for people whose wealth or income changed dramatically over the four years of the survey, their fast food eating habits hardly changed at all. "If you become richer or poorer, it

didn't change how much fast food you ate," Zagorsky says.

Time wound up being the biggest factor that influenced how often a person ate fast food. Heavy fast food eaters tended to have less leisure time, according to the survey results, and were more likely to work and work longer hours than those who didn't eat as much fast food.

Researchers also noticed an interesting fact that reflects Morgan Spurlock's experience in his 2005 documentary "Super Size Me." In the film, Spurlock chose to eat McDonald's food three times a day for 30 days and observed what happened to his body as a result of his fast food-only diet.

"I thought that was just a publicity stunt, but we found real people out there who seem to eat all their meals at fast food restaurants," Zagorsky says.

Instead, researchers found 10 respondents in 2008 that said they ate three times a day at fast food restaurants. Five respondents reported doing so in 2010 and two in 2012. Since only 8,000 people participated in the survey, researchers es-

timates the number of people across the United States who eat a fast food-only diet could be rather high

There are a few things to keep in mind about this study. For one thing, the participants only stated whether or not they ate in a fast food restaurant, but they didn't reveal the exact foods that they ate while there. So researchers have no way of knowing if a person stopped in just for a salad or cup of coffee rather than a Big Mac.

The study also only included people in their 40s or 50s. People at different ages could have different fast food consumption habits.

As for Zagorsky, he hopes that the study can serve as a guide for government officials debating laws that address obesity and dietary guidelines across the country.

"If government wants to get involved in regulating nutrition and food choices, it should be based on facts," he says. "This study helps reject the myth that poor people eat more fast food than others and may need special protection."

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# HEALTH INSURANCE NEEDS IN RETIREMENT

## PASSUMPSIC SAVINGS BANK

If you're 65 or older when you retire, you are likely eligible for certain health benefits from Medicare, a federal health insurance program. If you retire before 65, you'll need a way to pay for your health care until Medicare kicks in.

Employers may offer health insurance coverage to retiring employees, but this is the exception not the rule. If your employer doesn't extend health benefits, you may need to buy a private health insurance policy (may be costly), extend your employer-sponsored coverage through COBRA, or purchase an individual health insurance policy through a state-based or federal health insurance Exchange Marketplace.

Medicare won't pay for long-term care. You'll need to pay for that out of pocket or rely on benefits from long-term care insurance (LTCI) or, if your assets and/or income are low enough to qualify, Medicaid.

### Medicare

Most Americans automatically become entitled to Medicare when they turn 65. If you're already receiving Social Security benefits, you won't even have to apply – you're

automatically enrolled in Medicare. You decide whether you need Part A coverage (premium-free for most retirees) or if you want to purchase Part B coverage. Part A, referred to as the hospital insurance portion of Medicare, can help pay for your home health care, hospice care and inpatient hospital care. Part B helps cover other medical care like physician care, laboratory tests and physical therapy. You may choose to enroll in a managed care plan or private fee-for-service plan under Medicare Part C (Medicare Advantage) if you want to pay fewer out-of-pocket health-care costs. If you don't have adequate prescription drug coverage, you should consider joining a Medicare prescription drug plan offered in your area by a private company or insurer that has been approved by Medicare.

Medicare won't cover all of your health-care expenses. For some types of care, you'll have to satisfy a deductible and make co-payments.

### What's Medigap?

Unless you can afford to pay for things that Medicare doesn't cover, like annual co-pays and deductibles that apply to certain types of care, you might want to buy some type of Medigap policy when you sign up for Medicare Part B. There are 10 standard Medigap



Dirk Elston



Lynn Tober



Michael Worden

policies available. Each of these policies offers basic core benefits, and all but the most basic policy (Plan A) offer combinations of additional benefits to cover what Medicare doesn't. Not all Medigap plans are available in every state, but you should be able to find a plan that meets your needs and budget.

When you first enroll in Medicare Part B at age 65 or older, you have a 6 month Medigap open enrollment period. During that time, you have a right to buy the Medigap policy of your choice from a private insurance company, regardless of any health problems you have. The company cannot refuse you a policy or charge you more than other open enrollment applicants.

### Long-term care insurance

A prolonged stay in a nursing home worries older Americans and their families. A good LTCI policy can cover the cost of care in a nursing home, an assisted-living facility, or your own home. Don't wait too long to buy it – you'll need to be in good health. The older you are, the higher the premium you'll pay.

You may also be able to rely on Medic-

aid to pay for long-term care if your assets and/or income are low enough to qualify. Check with a financial professional or an attorney experienced in Medicaid planning. The rules surrounding this issue are numerous and complicated and can affect you, your spouse, and your beneficiaries and/or heirs.

*Prepared by Broadridge Investor Communication Solutions, Inc. Copyright 2017.*

*For more information, visit [www.passumpsicbank.com/investments](http://www.passumpsicbank.com/investments) or give us a call at 802-751-4335. Dirk Elston, Infinex Financial Consultant, member of the Passumpsic Financial Advisors team, has over 21 years of experience in the financial services industry. Lyn Tober, Infinex Financial Consultant, Member of the Passumpsic Financial Advisors team, brings over 16 years of experience in the financial services industry. Michael Worden, Infinex Financial Consultant, Member of the Passumpsic Financial Advisors team, brings over 2 years of experience in the financial services industry.*

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# PREPARING FOR YOUR MAMMOGRAM

ELIZABETH PATERSON

Cottage Hospital

The letter arrives in the mail. The phone rings from the doctor's office. It's that time again – time for your mammogram! You try to contain your excitement. The anticipation is almost overwhelming. Unfortunately, this isn't the initial reaction from most women.

More commonly, the prospect of a mammogram is met with fear, anxiety and dread. Maybe a friend or family member has shared an experience of a mammogram that was humiliating and painful, further elevating the fear for your upcoming appointment. Regardless of reassurance that the examination is routine, quick and easy, the fear of pain and the possibility of a cancer diagnosis remains. After all, cancer is what a mammogram is supposed to find.

Since fear is often born out of the unknown, an explanation of the process and purpose of the examination can help alleviate some anxiety. A positive mammogram experience is vital to making the examination worthwhile and creating repeat customers who return annually for their mammogram. Mammographers recognize that this situation can be stressful and understand the vulnerability and hesitations patients can experience. They will make every effort to remain calm, compassionate, and make the visit as comfortable as possible.

When you arrive for your appointment, you will be asked to fill out a medical history screening form. The questions pertain to your breast health, family history of cancer, and any current concerns you may have. This form is very important for the technologist and radiologist to understand your individual risk for breast cancer and address any pain or symptoms you may be having. The technologist will then ask you to change into a gown designed specifically for mammograms. These usually have an opening in the front. The technologist will explain the procedure to you and answer any questions you have.

For a typical screening mammogram there will be four images, two on each side. For patient comfort, many facilities use a mammography pad for a warmer and softer surface. Many patients are very anxious about compression during a mammogram. Though it can be briefly uncomfortable, it is vital to creating a quality diagnostic image. The glandular tissues within the breast can overlap, making it difficult for the radiologist to distinguish one structure from another. Adequate compression spreads out the overlapping structures to clearly identify them. More accurate imaging decreases the chance of being called back for additional imaging. Compression also reduces the overall thickness of the breast therefore reducing the amount of radiation needed to adequately penetrate the breast. A small amount of discomfort is worth the benefits in quality imaging.

After your appointment the radiologist will evaluate your images, carefully comparing them to any previous imaging you've had. If you had mammograms done at other facilities, these will need to be acquired prior to reading the current images. Even after careful evaluation, it is possible the radiologist will request additional imaging. In this case you will be called back to return for another mammogram and possibly an ultrasound. This is not a breast cancer diagnosis. This could simply mean the technologist did not acquire enough breast tissue on the initial images or there is motion. It could also mean the reading radiologist would like a closer look at a particular area on your mammogram.

The technologist may utilize different positions with different attachments to better visualize the area of interest. At this point the radiologist may decide these additional images are adequate and you can return to annual screening or he may order an ultrasound. An ultrasound produces a different type of

image to better characterize a breast abnormality. Following the ultrasound, the radiologist may determine the abnormality is benign, should be imaged again in three or six months, or they may recommend a biopsy to conclusively characterize the area in question. A cancer diagnosis can only be confirmed with a biopsy, a tissue sample directly from the breast.

3D Tomographic Mammography is a revolutionary new screening and diagnostic tool. It is performed in conjunction with 2D imaging. During the 3D part of the exam, the mammography unit arm sweeps in a slight arc over your breast, taking multiple breast images. Then, a computer produces a 3D image of your breast tissue in one-millimeter slices, providing greater visibility for the radiologist to see breast detail in a way never before possible. The radiologist can scroll

through images of your entire breast like the pages of a book. The additional 3D images make it possible for a radiologist to get a more detailed view of your breast tissue during screening and the confidence to reduce the need for follow-up imaging. 3D mammography has the potential to find cancers missed with conventional 2D imaging. This new technology complements existing technology and is performed at the same time with the same machine. It does not require additional compression and only takes seconds more.

*Elizabeth Paterson, BS, R.T.(R)(CT)(M)(BD), is the Radiology Floor Supervisor/Lead Mammographer/Associate PACS Administrator at Cottage Hospital in Woodsville, N.H. Cottage Hospital will offer 3D Low Dose Breast Tomography beginning in October 2017.*

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# Working For a Better Retirement



Not ready to call it quits for good? Working longer, the right way, could increase your lifespan — and your enjoyment of retirement

BY MARILYN KENNEDY MELIA  
CTW Features

**N**o doubt you've heard: Many Baby Boomers will be delaying retirement, even after they've reached the age to receive Social Security benefits.

That message has been in the headlines ever since the economy cratered circa 2008, and unemployment rose, especially among males.

To be sure, the financial hit has been keeping many in the workforce longer than they once expected, and the bitterness of a lay-off lingers.

But here's a little sweetener: A recent study funded by the National Institute on Aging found that delaying retirement by just one year is associated with an 11 percent lower risk of mortality amongst healthy adults.

Other recent studies find positives other than a paycheck associated with working at age 62 and beyond. Here, a look at why work is often the secret ingredient behind a happy, healthier retirement.

## Loving it, not leaving it

Boomer women were a trail-blazing generation, the first to gain a significant foothold in the work world.

And they're not about to retreat from their hard-earned success just because there are more candles on the cake.

Indeed, a study by Harvard University economists Claudia Goldin and Lawrence Katz finds about 30 percent of 65 to 69 year-old women are currently working, double the share of what it was in the late 1980's.

Female 65-plus workers tend to have a strong career identity and "greater satisfaction in their jobs six to eight years before their sixties," Goldin says.

Not that the road to a continued career is always smooth, however.

Take Gloria Dunn, who was 69 when the 2008 recession hit, and forced her to shutter her organizational behavior consulting firm.

She then spent six years exploring ways to replace the sense of purpose work brought her. "I joined a Rotary Club, and volunteered in my community, and attended business and social club meetings."

Still, nothing replaced the passion of her work. Then, Dunn says she read an article about a retirement coach and it was her "aha" moment.

Thinking her 25 years coaching employees in her consulting practice, as well as being a "forced" retiree herself, was a good pre-requisite, Dunn also took a course for certification in retirement coaching.

Now, Dunn says her second career "satisfies my inner need" better than any of the alternatives she explored.

## Preparing by dreaming

While some, like Dunn, encounter an abrupt end to work, those who are fortunate enough



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# Working

Continued from Page 16

to call their own exit benefit from some planning, says Maddy Dychtwald, co-founder of Age Wave.

A study by Age Wave and Merrill Lynch showed that slightly more than half of people who want to work after retirement spent about two years preparing and researching opportunities, whether it's within or outside of their current career.

"You talk it over with your spouse or partner, thinking about how much you want to work, and when," Dychtwald says.

"I would always also advise talking to your current employer," says Dychtwald, noting that many firms fear a skill drain of their workforce, and may be willing to offer an appealing post-retirement job.

Some sixty percent of pre-retirees indicate that they'd like to pursue a new line of work, however, Dychtwald says. A two-year timeline helps define where realistic new opportunities lie.

No matter what a pre-retiree plans to do, she also advises "keeping up with technology" and keeping fit and healthy to eliminate impediments to a successful second act.

## Lightening the load

As an associate professor of health care policy at Harvard Medical School, Nicole Maestas has studied labor patterns at older ages. She finds that about half of workers want to transition to a flexible, partial or reduced role in their profession, or take on a different – less stressful – job.

This work after retirement pattern striated in the 1980's and has built since, with a "blip during the Great Recession" when jobs of any sort were hard to come by, Maestas says.

Many workers – even executives – are willing to forgo status for a lesser role within their field, says Andrew Miller, president of recruiting firm BrainWorks. "They have no problem going back to an individual contributor role because there is less stress, responsibility, and it creates a sense of freedom and enjoyment."

"At this point, I have no intention of retiring," says 71-year-old Steven Hausman, who left a position at the National Institutes of Health (NIH) nine years ago after a 31-year career that took him to a senior level. He parlayed his expertise in subjects like robotics into a post-retirement career in professional speaking on technical subjects.

Although Hausman works independently, which affords him a flexibility his NIH career didn't offer, he fits one of the four categories of working retirees a study by Age Wave and Merrill Lynch identified, "Driven Achievers," who love the intrinsic nature of their work.



## Enjoying the fringe benefits

Another category of post-retirement workers is "Earnest Earners" who need income.

And a paycheck in and of itself can have the healthy effect of reducing stress and money worries.

If a job is not too physically taxing or emotionally burdensome – involving hostility and stress from clients or co-workers – it offers other healthy advantages, Maestas says.

"Work is strongly correlated with social interaction," agrees Geoff Sanzenbacher of the Boston College Center for Retirement Research. "And social interaction is connected to mental

stimulation. In fact, because people vary a lot in the amount of social interaction they have after retirement, a job for many is a way to get a minimum amount of interaction without making an effort," Sanzenbacher says.

When a retiree doesn't want or need a paycheck, however, there are ways to mimic many of the benefits that those in post-retirement careers receive from their job, Dychtwald says.

Volunteering on a regular basis – replicating some of the structure one would find in paid work – can also provide a powerful sense of purpose and spur more socialization, she adds.

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# EATING HEALTHY DURING RETIREMENT

**LALLIE MAMBOURG**

Northeast Kingdom Council On Aging

Does anyone remember when the “nutrition revolution” began and wonder, as I do, why there is so much emphasis on eating better? Perhaps it’s just me, but eating good food is not rocket science!

I once read that if we fill three-quarters of our grocery cart from the perimeter aisle of the grocery store, we’ll eat healthy. This idea makes sense because much of the high-calorie, processed foods are stocked in the middle aisles.

Here are a couple of more suggestions on how to make wise food choices and eat healthy during retirement while living on a fixed income.

Nationally, there’s a wonderful program known as SNAP which stands for Supplemental Nutrition Assistance Program. In the

Green Mountain State it’s called 3SquaresVT (3SVT). It’s income-based and only considers monthly earnings. But for seniors, there are added benefits.

The very best one is that monies can be used not only for food, but also for prescriptions, laundry detergent, fuel – anything that you can purchase with cash. As long as everyone in the household is 65, or older, the state will make a direct deposit into your bank account for you to be able to buy what you need to stay healthy.

A second way to eat wisely when you’re retired is to eat at least one solid meal a day at one of our 14 community dining rooms we support throughout the Northeast Kingdom. Every meal served is sodium-free and meets the recommended daily allowance outlined by the USDA for senior nutritional needs. In fact, their menus have to be reviewed monthly by a registered dietitian with whom we have a contract.

These dining rooms are reimbursed by

Older American Act funds on a per-meal basis. Under those guidelines, donations may be collected, but under no circumstances can anyone 60, or older, be denied a meal if they are unable to donate. The average donation for each meal is \$3.50.

But it’s not just seniors who can eat there. All of the dining rooms welcome folks under 60 (including grandchildren!) and for \$5 to \$7, you can enjoy a freshly prepared meal and make an isolated senior’s day! Because just about everyone I know works outside of the home nowadays, wouldn’t it feel good to pick up an elder who can’t drive anymore and eat lunch together at one of our community dining rooms?

Eating well during retirement should not be the issue that it has become. The reality, however, is it can be just plain hard! Transportation to and from a grocery with fresh meats and produce is a challenge for far too many older residents, especially in our rural area. There are also mobility issues to deal with – even in our own kitchens! Lifting a pot of water from the sink to the stove is sometimes too dangerous to even consider. So, what’s the answer?

I don’t claim to have the perfect solution, but I do have a dream that we can turn this trend around and try to live in less isolation. Even if our children have moved away and we don’t get to break bread together, I dream that neighbors will reach out more often to help the seniors in their communities.

A friend recently shared with me that her



church decided to help older residents in their neighborhoods by preparing an extra plate of dinner each time they cooked for their own family. At her house, when the meal was packed securely and still warm, her children went off to deliver it. What a great way to teach children the value of sharing and helping a lonely senior feel cared for!

For more information about what you can do to eat healthy during your retirement years, please call our Senior Helpline at the Northeast Kingdom Council on Aging: 800-642-5119.

*Lallie Mambourg is the Council on Aging’s nutrition director and provides technical assistance to 17 contracted meal providers by administering Older American Act reimbursements. For more information, visit <http://nekouncil.org/>*



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# COMMUNICATING WITH DEAF OR HOH

## ARMSTRONG'S BETTER HEARING SERVICE

**D**o you know what to do when talking to a deaf or hard of hearing person? Many hearing people feel awkward or frustrated trying to communicate with deaf/hoh people, especially when no interpreter is available. There are improvements you can make to reduce the awkwardness and frustration.

- Physical improvements
- Environmental improvements
- Verbal improvements
- Nonverbal improvements

Knowing what to do when you meet a deaf person can be especially important in emergency situations such as Hurricane Katrina.

For example, a deaf person told the Houston Chronicle (September 11, 2005) that when deaf evacuees were at the Houston Astrodome registering, lines were long and deaf people had no way to communicate without interpreters.

### Make Physical Improvements

Simple changes to your physical appearance and actions can improve communication. For example, trimming a mustache and/or beard so that it does not block the mouth, makes it easier to lip-read. Making sure all of your face can be seen and that you don't have anything in your mouth, helps too.

In my personal opinion, a hearing person should not bend down to talk because it may irritate the deaf/hoh person. Bending down also does not improve communication and, in fact, may make it more difficult. (A hearing person told me that this behavior is very similar to an English speaking person yelling on the phone to a foreign person.) Carry a small pad and pen or another means of communicating in writing such as a handheld device that has a word processing program like Notepad.

Many cell phones come with note writing capabilities.

### Make Environmental Improvements

Controlling the environment can also help communication. Make sure that your position is good relative to a light source. Good and properly positioned lighting helps with seeing speech and signs.

Monitor the noise level as noise

can interfere with understanding. (About Deafness/HOH has an article on Classroom Acoustics).

In a group situation, make sure only one person talks at a time. If you have a board available, write notes on it. Prepare and distribute agendas for meetings in advance. In my personal experience, a good though imperfect backup technique is to have a hearing person with a laptop sit next to the deaf person and take notes as you would for a college lecture.

### Make Verbal Improvements

My personal opinion is that speaking slightly slower helps. Other deaf people prefer normal speech. You may have to repeat or paraphrase. For a hard of hearing person, speaking louder but not shouting, may help. Do not exaggerate your speech. For some reason, "Can you read lips?" seems condescending to me. I prefer that hearing people let me tell them if I can lipread. I can, but only up to a point. Do use sign language if you know any sign even if it is only the sign language alphabet.

### Make Nonverbal Improvements

Nonverbal communication is very important to deaf/hoh people, who get many information cues this way. Use facial expression, and gestures. You may have to touch a deaf person on the shoulder, arm, or leg to get their attention if they are close enough to you.

Otherwise, you may have to stomp your foot on the floor or flash a light.

In conclusion, a hearing person who has never met a deaf person before does not need to feel awkward or frustrated. There are plenty of techniques to use. Hearing people can communicate with deaf/hard of hearing people even if they do not know sign language.

### Read More Resources

- Communicating with

Deaf People: A Primer - This page has more suggestions and facts including the fact that only 40 percent of speech is visible.

- For Hearing People Only - This is a classic book that has helped many hearing people to understand deafness. The title is self-explanatory.

Written by By Jamie Berke and submitted by Armstrong's Better

Hearing Service where Sandra A. Day is a Licensed Hearing Aid Dispenser with the states of Vermont and New Hampshire. She is also National Board Certified in Hearing Instrument Sciences. Diane LaRose is the Office Manager. ABH locations are in St. Johnsbury and Newport, Vermont. Contact us at 748-4852 or 1-800-838-4327. Visit <http://www.armstrongsbetterhearing.com/>.



Sandra A. Day, left, and Diane LaRose



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September 14, 2017

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Maree Gaetani, Director, Partnership Outreach, KidsGardening.org

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September 21, 2017

**French Music from Brittany, Auvergne & Quebec**

Jeremiah McLane

Instrumental and vocal music is a rich legacy from Brittany in Northwestern France, Auvergne in Central France and Quebec. Jeremiah will provide an overview of the migration of tunes, styles and culture from the old world to the new.

September 28, 2017

**Dear Teacher**

Stanley Albro, Volunteer Educator

Following a five-year stint as a tennis pro, Stan taught school in Harlem and the South Bronx; then at an Ohio school for at-risk Appalachian youth. After retiring, he spent a decade teaching in Hungary, then as a volunteer teacher at the Dalai Lama's school in India, then on to Cambodia. Stan shares the richness of his experiences.

October 5, 2017

**Mystery: How We Got Here; Who Should We Be Reading?**

George N. Spaulding

George's talk will be divided into two sections:

1. A brief history of the mystery genre and how it developed through the years ("Famous Firsts")
2. A discussion of mystery authors – some classic, some modern and some you've probably never heard of (but will...)

October 12, 2017

**The Black Bear, Nature's Voracious Omnivore**

Kurt Valenta, Naturalist and Educator

The smallest of three bear species found in North America, the black bear lives in a wide variety of habitats. They move with a lumbering grace and stealth that belies their size. Part of many children's tales, the fiercely protective female and the belligerent solitary males are anything but cuddly "Teddy Bears". Join us as we explore this secretive world of the black bear.

October 19, 2017

**Traveling in China by Plane, Boat, Bike and Train**

Gary Aubin

Gary and his son spent some "together time" in China. Among the attractions they visited were the Terracotta Warriors of Xi'an, a section of the Great Wall and Tiger Leaping Gorge (one of the world's deepest gorges located on a primary tributary of the upper Yangtze River). Gary will tell us about their trip and share some of the photos they took.

October 26, 2017

**Preparing for Climate Change in the North Woods Demonstration Project Forest**

Sam Perron, Forester, North Woods Stewardship Center

The North Woods Stewardship Center's 1,473 acre demonstration forest is working to keep up with climate change's environmental impacts by creating a more resilient, healthy and productive future forest. Sam will explore the specific impacts, vulnerabilities, challenges and opportunities that have been identified for the North Woods forest and how its forestry practices are changing in response to climate change.

November 2, 2017

**El Camino de Santiago, Part 1 – A Transformational Journey**

Mary Sturtevant, Complimentary Therapist & Holistic Health Educator

"Come walk with me along El Camino from Leon to Santiago," a 200 mile pilgrimage to the shrine of the Apostle, St. James the Great, in the Cathedral of Santiago de Compostela. Mary will present this portion of her journey ... A nearly 500 mile pilgrimage from the base of the French Pyrenees Mts. to Santiago, Spain. Due to time constraints, Mary completed the end portion of the pilgrimage first. She will return in the Spring for the second half of her journey.

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leviated, residents find they are better able to maintain daily routines and enjoy their specific interests.

At NorthCountry Manor we have a single, all-inclusive monthly fee that is simple and straightforward. There are no hidden fees or "incidental charges." Families and residents know month to month what resident care will cost. This makes planning for the long term more manageable.

If you have questions regarding long term care and/or assisted living, please contact us at NorthCountry Manor. Whatever direction you take, we are happy to offer information and guidance to find the best possible solution for your loved one's care needs.

*Registered nurse Annamarie Sloss is the administrator at NorthCountry Manor, an assisted living center in Littleton, N.H. Annamarie was trained at Thomas Jeffer-*



*son University Hospital in Philadelphia, one of the country's most rigorous nursing programs. Her 38-year nursing career includes many years in a variety of Intensive Care Nursing Specialties and Geriatrics. She brings a diversity to the assisted living model that is unique and hard to match. For more information, visit <http://www.nc-littleton.com/>.*

**W**e are frequently contacted by families who are perplexed and overwhelmed when faced with the increasing care needs of an elderly loved one. When a senior is no longer safe to live at home and family and friends are exhausted from caregiving, the process of finding alternative care becomes a pressing reality.

For many families, it is difficult to know where to go for answers and what the viable options are. Key questions include: Is a nursing home or assisted living more appropriate; what is the difference between a large and small facility; what services will be available; and what are the costs and how to pay for it?

At NorthCountry Manor, we not only provide Littleton's best assisted living option, we work with any family seeking guidance or information regarding appropriate care and disposition.

At NorthCountry Manor we have helped many families with the transition to assisted living. We are specially trained in managing dementia as well as caring for residents who have multiple medical issues. We take pride in our ability to provide a stable routine and a sense of security for our residents as well as their families. North-

### Better

Continued from Page 20

it's accessible. The same with vegetables," Planells says.

Buy precut fresh produce, frozen fruits and vegetables, or as Planells suggests, frozen dinners that are lower in sodium.

Whole grains also have a place on the table.

Whole wheat bread, brown rice, quinoa millet, cracked wheat and rolled oats, provide carbohydrates, fiber and some protein, say the nutrition experts.

For more on the foods you should stock at this stage of your life, visit [www.choosemyplate.gov](http://www.choosemyplate.gov).



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## Caregiver's Guide

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# Take a 'HIIT' to Find the Fountain of Youth

Researchers say interval training could be the fountain of youth

Cyan Magenta Yellow Black

BY CRAIG GUILLOT  
CTW Features

While most people are aware that exercise can help reduce some of the negative health impacts of aging, new research says high-intensity workouts could potentially reverse the aging process itself. A new study funded by the National Institutes of Health revealed that high-intensity exercise can encourage cells to make more proteins to feed the body, which in turn can re-

verse many age-related physical changes.

Researchers took two age groups, one ages 18 to 30, the other ages 65 to 80, and assigned each a different supervised exercise training program that included high-intensity and low intensity exercise. Participants committed to the program for three months, and after each training session, researchers assessed their physiology, including BMI, lean muscle mass, and insulin sensitivity. They found that the older group rebuilt more muscle tissue with high-intensity exercise.

Youth continues on 23



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# Youth

Continued from Page 22

As people age, the capacity of mitochondria to generate energy slowly decreases. These cell elements help power the body, and researchers believe that if exercise can restore the deterioration of mitochondria in muscle cells, there is a good chance it can restore other tissues. Dr. Sreekumaran Nair, senior author of the study and diabetes researcher at Mayo Clinic in Rochester, Minn., says while the younger group experienced a 49 percent increase in mitochondrial capacity, older participants saw a 69 percent increase.

“Exercise training, especially high-intensity interval training (HIIT), enhanced the machinery (ribosomes) to produce proteins, increased the production of proteins and enhanced protein abundance in muscle,” Nair says.

Researchers say the ability of exercise to transform mitochondria could explain how it positively benefits health in so many different ways. HIIT also was found to improve the patients’ insulin sensitivity, which lowered their risk of diabetes. Nair says the findings were things that “cannot be done by any medicine” and that based on what they know, “there’s no substitute for these exercise programs when it comes to delaying the aging process.” “With aging in sedentary people, production of many protein molecules decline ... Gradually the quantity of these protein molecules decrease causing functional decline,” Nair says. While there are numerous studies highlighting how exercise generally can counteract some of the problems with aging, the study showed that high-intensity exercise could be even more beneficial. High-intensity exercise is typically defined as between 80 and 90 percent of a person’s maximum heart rate. For an ordinary person, it’s an exertion of 8 out of 10 on the Perceived Exertion Chart. Unlike with moderate intensity exercise, a person should have a very high heart rate and only be able to say a few words at a time while engaged in high-intensity exercise. This type of training can include everything from running and stationary cycling to things like Zumba and boxing.

While high-intensity exercise can offer benefits, it can also carry risk, especially for older patients who could potentially have heart issues. Research published in the journal *Heart* in 2014 found that overdosing on high-intensity exercise may actually increase the risk of death from heart attack or stroke for in those with existing heart disease. German researchers studied participants in their 60s and found that those who did the most strenuous daily exercise were

more than twice as likely to die of a heart attack or stroke. Researchers stressed the importance of exercise but said there is a “U-shaped” pattern where too much intense training could negate the positive effects of exercise.

According to the German researchers, “Maximum cardiovascular benefits are obtained if performed at moderate doses, while these benefits are lost with [very high] intensity and prolonged efforts.”

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