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Aging is the one thing we all face and yet so many of us seem unprepared for it. This has always been true. The difference is today we live longer, which means we have a higher chance of dealing with chronic illnesses and money problems, and a world that still seems to cater to the young. This year’s Caring for the Aging looks at this issue from many angles, including the changing demographic nature of our country, common health problems and the importance of living independently. We hope you find it helpful.

Thank you for reading.
– Clay Barbour
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Getting older is an ‘Us’ thing

By Cherise Newsome

Ornita Bouie thinks about growing old.

The 23-year-old senior at Norfolk State University knows that as she ages, she will need to save up for retirement, sign up for the right health insurance and stay connected to relatives who can help care for her as the years pass.

Bouie stands out from peers, aging experts say, because she is considering these things now. Most young people don’t. But they should.

Every day, 10,000 Baby Boomers turn 65. Seniors made up 10 percent of the population in 1970 and grew to 13 percent by 2010. But by 2030, about a quarter of Americans will be that age or older, according to the U.S. Census Bureau.

By 2050, there will be close to 84 million senior citizens, almost double the number in 2012. And as more people grow older, the cost of caring for them will, too.

We live in a youth-obsessed culture, but the truth is, given the aging bubble that experts predict, America would do better to embrace its golden years. Communities, legislators and businesses need to adjust for the graying population.

For example, urban planners should make communities more walkable and develop building codes that take an aging population into account. A city’s tax base is likely to change as the senior population grows and stops working, so officials would be wise to develop strategies to grow the economy and workforce in that environment.

And maybe most importantly, the country as a whole needs to change the way it thinks about getting older. “It’s unfortunate that a lot of people don’t understand,” said Bouie, an intern with Senior Services of Southeastern Virginia (SSSEVA). “They’re not paying attention to what we’re surrounded by on a regular basis.”

The change is not just about developing empathy for your elders. For young people it is about self-preservation. Those entering the job market now need to advocate for better healthcare and institutionalized care for seniors because one day they may need them.

Hampton Roads does a better job than some other areas in taking care of seniors, according to John Skirven, the CEO of SSSEVA. A network of governmental, nonprofit and for-profit programs and businesses help care for the region’s aging population, particularly veterans. About one in five seniors in the area is a veteran, Skirven said.

He pointed to the veteran’s hospital in Hampton and nearby clinics and a new long-term care facility in Virginia Beach. Locally, cities also develop senior plans, such as Chesapeake’s “55 & Better” program of activities and resources for seniors.

Along with resources, the community should understand that growing old isn’t an inimical death sentence and that seniors contribute to the community’s well-being, Skirven said.

“We squander seniors as a resource in this society. See next page
Because of ageism, people thinking they're all old and they're over the hill, that they've got Alzheimer's. It's quite the contrary,” he said. “What older people have is time, which is a tremendous gift. So we should be concerned and we should be appreciating the opportunities that aging brings.”

People are reluctant to talk about aging because it involves facing tough issues such as money and death, said Vanessa Sink, the public affairs manager for the National Council on Aging (NCOA). “Aging is not a ‘them’ thing, it’s an ‘us’ thing,” she said. “Everybody gets older. What should people in their 20s, 30s and 40s be doing? First and foremost they need to be thinking about their economic future.”

Seniors often hit an income wall, because many live on retired payments or specific government benefits. That income stream generally doesn’t grow, yet the cost of living – including medical care – goes up. Along with saving and investing, young people should pay attention to the needs of seniors, especially if they are caregivers.

“We need to learn from what our parents go through, from what our grandparents go through,” Sink said. Often caregivers don’t calculate the financial and emotional toll of caring for a loved one until it’s too late. Organizations such as the NCOA educate and inform people about programs that can offset costs in caring for eligible seniors. For example, some states and cities offer programs to subsidize heating and air conditioning costs, food expenses and others, Sink said. “We all want mom or dad or grandma or grandpa to be able to take care of themselves, but realistically that’s not going to be how it is for many of us,” Sink said. “It takes a community.”

Continued from Page 6

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Ruby Johnson is a fiery woman, who enjoys dressing up and having her hair and makeup done. She hates the thought of anyone fussing over her. So when doctors took away the 92-year-old’s driving privileges a little more than a year ago, Johnson struggled with depression. This is why her family worries about the day she has to give up living at home independently.

For the aging, no place like home

By Alison Johnson

Ruby Johnson is a fiery woman, who enjoys dressing up and having her hair and makeup done. She hates the thought of anyone fussing over her. So when doctors took away the 92-year-old’s driving privileges a little more than a year ago, Johnson struggled with depression. This is why her family worries about the day she has to give up living at home independently.

“That’s all she has left. I know that’s how she sees it,” says Heather Gerst, Johnson’s granddaughter. “It’s huge for her to be able to stay there. I believe she would go downhill very quickly if she had to go into a care facility.”

With support from Senior Services of Southeastern Virginia (SSSEVA), Johnson’s family has been able to keep her at home. A volunteer from the organization’s senior companion program visits twice a week, taking Johnson shopping and helping her cook.

“My grandma still has a sense of freedom that keeps her going,” Gerst says. Nearly 90 percent of seniors want to grow old at home, according to the 2007 report “Aging in Place in America.”

The study, which surveyed 800 seniors and their children, found that seniors feared loss of independence or moving into a nursing home more than they did death. The children worried their parents would be sad, or mistreated.

Aging at home is not always the best answer; sometimes it’s not even possible. Certain health, family, or financial circumstances make assisted living or nursing home care safer and even happier for seniors, whether they are at high risk of an accident at home or are socially isolated.

But if a family can line up the right support, staying at home brings obvious benefits. A house provides familiarity, comforting furnishings and mementos. It also typically offers more privacy, less noise and fewer germs. A senior may be able to stay with a spouse – or feel a connection to a lost mate – keep a beloved pet or maintain ties with favorite neighbors and shops.

“IT’s where they feel comfortable,” says Katie McDonough, a licensed clinical social worker and director of programs and public policy for the Alzheimer’s Association, Southeastern Virginia Chapter. “If it’s a safe place, they do tend to thrive around the people and personal belongings they know.”

A move can be challenging, depending on the stage of illness and the particular facility, McDonough says. “Anxiety and stress can result in depression, or cause some people to stop eating or lash out in anger.”

But aging in place also brings challenges. Families often feel alone as they struggle to make sure a home remains safe and clean, especially if they don’t live locally, says Christa Edwards, a SSSEVA resource specialist. As one of Virginia’s 25 area agencies on aging, SSSEVA is a central point for helping families line up a wide range of services, including meal deliveries, transportation, housekeeping and companionship.

“A lot of people who call us are overwhelmed,” Edwards says. “My job is to calm them down and give them peace of mind. We’re here to guide them.”

Some services are free, covered by Medicare or Medicaid, or some qualify for tax breaks. Families should consult a financial planner or elder law attorney.

For Tricia Tabb of North-
Ruby Johnson, right, and her companion, Joyce Sanders, left, chat on the backyard swing. Ruby Johnson, 92, still lives in her home in Chesapeake thanks to the Senior Companion Program (run by the Senior Services of Southeastern Va.). A volunteer, Joyce C. Sanders comes out twice a week to spend a couple of hours with her; she does some cooking and takes Ruby on outings – mall, farmers market, etc. Ruby's granddaughter, Heather Gersh, says it has been huge in preventing loneliness and keeping her grandmother healthy.

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ern Virginia, the monthly expense of hiring 24-hour private caregivers for her mother, Nena, and Nena’s longtime partner, Jack, in their Williamsburg home is about the same as what it would cost to have both 91-year-olds in assisted living.

Tabb is convinced that a move would trigger a rapid health decline for her mother, who has advancing dementia. “The emotional turmoil of getting rid of so many things is beyond her,” Tabb says. “I missed the window for considering assisted living. At home, she knows where her oatmeal is, where her bowl is—little things like that. To have to re-learn all of that at her age would be really sad.”

Caregivers live in a guest room three weeks a month and handle cooking, laundry, housekeeping and overall oversight, including potential scam phone calls. Tabb and her husband, Michael, stay the fourth week to refill medications, pay bills and manage home repairs; Jack’s son and his wife also visit from Chicago every couple of months to help. Nena and Jack, meanwhile, spend their days reading in their favorite chairs, napping, watching movies and anticipating home-cooked meals at 8 a.m., noon and 5 p.m. sharp. “They enjoy having that routine,” Tabb says.

Giving seniors a sense of purpose is crucial, says Becky Grim, a certified senior advisor and geriatric care manager for Home Care Assistance of Hampton Roads, which offers many non-medical support services and works with the Tabb family. And staying at home can be a real motivator, Grim says. “You don’t want people to get caught in a perpetual ‘sick day,’ where they’re becoming depressed and less active,” she says. “Some have been in their homes for decades. It means a lot to be able to see the things you love, eat the food you want to eat and hopefully do things you want to do.”

As a whole, the country still isn’t as equipped to care for the elderly in communities versus facilities, but that is changing, McDonough says. For some families, even a small amount of support can make the difference. Gerst has seen a drastic change in her grandmother, a widow since 1988, with her Senior Companion volunteer: “She feels better emotionally. She’s less lonely. She walks better. It gives her someone to talk to, not about medical issues but just as a friend.”

Gerst’s next step is to consult SSSEVA about options for transportation to doctors’ appointments or perhaps a local senior citizen center that offers art classes. “I want my grandma to keep going strong,” she says. “She amazes me every day.”

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“You don’t want people to get caught in a perpetual ‘sick day,’ where they’re becoming depressed and less active. Some have been in their homes for decades. It means a lot to be able to see the things you love, eat the food you want to eat and hopefully do things you want to do.”

Becky Grim, certified senior advisor
The ability to maintain financial stability well into old age is growing in importance as more people live past age 65. Many worry about running out of money, but that doesn’t have to be the case if you do some homework and prepare for the future.

Will I run out of money?

MANAGING FINANCES

According to the U.S. Dept. of Labor, fewer than half of all Americans have calculated how much money is needed for retirement. So, what should you do to ensure a solid financial foundation?

For one thing, make sure you take advantage of employer-offered savings plans. The Labor Department estimates that in 2014 about 30 percent of people with access to defined savings plans (like 401Ks) did not participate.

Andrew L. Bolling, Towne Investment Group vice-president and financial advisor for Raymond James Financial Services, says many companies offer matching contributions up to a certain percentage. “Talk to human resources, sign up, and participate,” he says. “That’s free money.”

Those under age 50 may contribute up to a maximum of $18,000 a year. And once you reach age 50 the amount goes up to $24,000. Automatic deductions from paychecks make it easy.

Most retirement plans are for about 20 years, Bolling says. But with the advancement in medicine, people are living longer. So here’s how he helps clients determine their financially health in retirement.

Visualize the future

This comes down to “needs” versus “wants.” Needs are essential expenses, such as housing, transportation, food and health-care. Wants have to be prioritized. Envision your retirement lifestyle. Do you want to travel the world, buy a second home, or help out a grandchild with his or her education? And don’t forget the importance of entertainment and social activities, essential for emotional and physical well-being.

Resources

Create a financial inventory. Make a list of income and assets to determine how close you are to reaching retirement goals. That includes Social Security, bank accounts, investment and retirement accounts, real estate, etc.


Debt elimination is a big part of the plan, too. Have as little debt as possible. Pay down those credit cards, starting with those with the highest interest rates.

Investments

Talk to a financial advisor. The risks you’re willing to take and tolerance for loss will help determine where to best invest. When anticipating a rate of return on investments, know that 3 to 4 percent is a realistic number. For example $1 million in investments, would be $30,000 to $40,000 a year for the investor. The IRS requires that you withdraw at least a minimum amount, known as a required minimum distribution, from your retirement accounts each year, beginning in the year you turn 70.5.

Time to Panic?

So, what do you do if you’re in your 50s and haven’t saved a penny? There’s no need to panic. Just realize you may need to delay retirement, and even consider getting an extra part-time job. The AARP website notes that “many hobbies and skills can be turned into real income in your retirement years.” Trading antiques, or offering piano lessons, for example. Work to reduce debt, and as little debt as possible. Pay down those credit cards, starting with those with the highest interest rates.

See finance, Page 13
seek ways to lower bills. Do you truly use those 100 channels you’re paying for on that cable bill? Build your nest egg as efficiently as possible, and open up a savings plan.

Not the easiest of conversations
Ensuring a financial future is important, but what happens to your assets and wealth once you die? Wills and trusts are essential in making sure your wishes are carried out in the most cost-effective way possible, says Andy Hook of Hook Law Center. “You can determine the plan,” says Hook, a lawyer and certified financial planner.

Without a will, the state determines how assets are distributed.

Trusts are an important way to protect those assets, Hook says. For example, a parent leaves a substantial amount of wealth to a minor, who when comes of age inherits the money. In more than 70 percent of cases, the sudden wealth disappears within five years, Hook says. A trust can ensure the inheritance is protected, such as putting conditions on how and when the assets are distributed after you die. Trusts also reduce cost, delay, and allow the heirs to avoid probate in court.

Also, health issues increase with age, so seniors should plan for appropriate medical and long-term care options as part of good post-retirement financial planning. Many older adults lean on family members for care, but services can be expensive. Home care averages about $19 per hour, adult day care centers about $60 per day, with assisted living facilities more than $3,000 monthly. Insurances and community resources are ways to assist with costs.
COMMON HEALTH PROBLEMS

The Sinister Seven

By Cindy Butler Focke

Common health problems and what can be done about them.

**2.5 MIL**

Each year, 2.5 million older people are treated in emergency departments for fall injuries according to the CDC.

**FALLS**

Of all the problems the aging face, one of the most serious is falls. In fact, one in five falls causes a serious injury in adults 65 and older, according to the Centers for Disease Control and Prevention (CDC).

Falls prevention is crucial in older adults. A hip fracture can be life-changing. Beware that some over-the-counter and prescription medications cause drowsiness and shouldn’t be taken during the day. Also, the aging should continue to exercise to keep their bodies strong and improve balance. Ask your doctor if you need vitamin D supplements with calcium. Having your eyes checked once a year is important, too. Make sure your home is rid of items you could trip over and has plenty of good lighting. Also consider putting up grab bars inside and outside the tub or shower, and next to the toilet.

Seniors who live alone should have a plan to call for help in the event of a fall. Medical alert devices can serve as life-saving devices should emergency situations arise.

**5 MIL**

More than 5 million Americans have Alzheimer’s disease, about two-thirds of them women.

**ALZHEIMER’S**

More than 5 million Americans have Alzheimer’s disease, about two-thirds of them women. About one in nine people 65 years and older will be affected. The risk of Alzheimer’s after age 65 doubles every five years.

There are no preventative measures or cure for Alzheimer’s. A risk factor is family history. Research is underway, but more federal funding is needed. Certain lifestyle habits can keep the body and brain healthy, and potentially reduce the risk of cognitive decline. Good nutrition, vigorous exercise and an active social life all help.

Call the Alzheimer’s Association 24-hour helpline at 1-800-272-3900 or visit www.alz.org/seva. Information is available on educational opportunities, support groups, and more.

**10 MIL**

About 10 million people in the U.S. suffer from osteoporosis, an asymptomatic bone disease characterized by decreased bone mass.

**OSTEOPOROSIS**

About 10 million people in the U.S. suffer from osteoporosis, an asymptomatic bone disease characterized by decreased bone mass. It is more common in older non-Hispanic Caucasian and Asian women.

Avoid smoking and alcohol abuse, plus check calcium and vitamin D levels. Some medications may also add to the risk. A bone density scan, similar to an X-ray, is a quick and painless test. A general screening is recommended every two to three years for most postmenopausal women age 65 and older.

There are medicines and therapies available to slow or even stop the bones from getting weaker.

**13 MIL**

More than 30 percent of adults 60 and older – about 13 million – are considered obese, according to the CDC.

**OBESITY**

More than 30 percent of adults 60 and older – about 13 million – are considered obese, according to the CDC. Obesity is not necessarily caused by overeating or improper diet, but can be related to certain medical conditions. Being overweight can lead to other conditions, including high blood pressure, heart disease, gastrointestinal cancers and Type 2 diabetes.

So stay active and maintain a healthy diet. Mental state affects eating habits, too. Socialization is important. The enemy of the senior is a sedentary lifestyle and isolation.

If you’re having trouble losing weight on your own through exercise and diet, don’t be afraid to seek help through gyms that offer personal weight loss programs. The local YMCA has a phenomenal six-week behavior modification plan to address the needs of aging adults. The course, part of the Y-Change program, not only addresses weight concerns, but other issues that may affect seniors’ health, such as sleep, stress, and loneliness.

Also, if your BMI (body mass index) is 30 or more, there’s a new Medicare benefit offering face-to-face free weight loss counseling. Check out www.aarp.org to calculate your index, which is based on weight, and height. Under the new Affordable Care Act, patients enrolled in Medicare Part B can receive free obesity counseling, which includes advice on diet and exercise, plus the monitoring of progress, from their primary care physician.
ORAL HEALTH

The severity of gum disease increases with age, and oral and pharyngeal cancers affect about 31,000 elderly Americans each year. Plus, smoking can be a big contributor. Senior citizens run into problems sometimes because they take medicines that reduce saliva, which plays a big role in preventing tooth decay.

As older gums recede, brushing in between the teeth is crucial. Those who have lost their teeth should continue to seek dental care to ensure healthy gums. Dentists can diagnose oral cancers, too.

CANCER

More than 900,000 people 65 and older will be diagnosed with the colorectal, lung, breast, and prostate cancer this year, according to the American Cancer Society (ACS).

Breast cancer in women, and prostate cancer in men are biggies, making up a quarter of those cases.

The ACS recommends self breast exams, plus yearly mammograms for women between the ages of 45 and 54. That doesn't include those with a family history, a genetic mutation known to increase risk, or women who had radiation therapy to the chest before age 30. There is good news; the mortality rate for breast cancer has dropped since the 1980s, likely due to better screening and therapy.

Prostate cancer occurs more often in African-American males. More than 2.9 million men in the U.S. diagnosed with the disease are alive today. A rectal exam, plus a prostate specific antigen (PSA) test for a protein made by the prostate gland, could indicate trouble. Your physician may then recommend a biopsy.

Learn as much as you can about the disease, and talk openly with your cancer care team and ask questions. You'll want to know the specific type of cancer, treatment options, risks, side effects, and more in order to make an informed decision on treatment options. Resources are available at www.cancer.org or 1-800-227-2345.

ARTHRITIS

The most common form of arthritis is osteoarthritis, or joint disease. Problems with weight, or prior injuries, can increase your risks. So a good way to decrease chances of getting the disease is through regular exercise and stretching. There's no drug prevention, but anti-inflammatory medications may be recommended by a physician to help alleviate symptoms.

ARTHRITIS

The most common form of arthritis is osteoarthritis, or joint disease. Problems with weight, or prior injuries, can increase your risks. So a good way to decrease chances of getting the disease is through regular exercise and stretching. There's no drug prevention, but anti-inflammatory medications may be recommended by a physician to help alleviate symptoms.

Sources: American Cancer Society, Centers for Disease Control and Prevention, Academy of Orthopedic Surgeons; Dr. Aaron Bleznak, Dr. Dan Dickinson, Dr. Masoumeh Kiamanesh (all of Sentara Medical Group); Dr. Michael Cannon (Arthritis Consultants of Tidewater), Lynn Skeele-Flynn (YMCA), Dr. David Sarrett, (Virginia Commonwealth University dental school), Gino Colombara (Alzheimer’s Association).
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Depression is common among seniors, many of whom grapple with medical problems and other factors affecting quality of life. Dr. Masoumeh Kiamanesh, who practices family and geriatric medicine, along with Dr. Leslie Kryzanowski, a psychiatrist, both of Sentara Medical Group, offer their insights on the problem.

Why is depression common among seniors?
Several factors contribute. They’re losing friends and relatives. They’re approaching the end of life. “That can be depressing to people, that can be scary,” Kryzanowski says. New health diagnoses or chronic conditions can be hard on seniors. They may face financial problems and lack a strong support system. They may struggle with a lack of mobility and a loss of independence.

Do you think this issue gets enough attention from the community?
Kryzanowski says it’s starting to. The medical community has changed the language it uses to refer to conditions affecting seniors to help reduce the stigma. Instead of the saying “dementia,” they refer to “neuro cognitive disorders.” Instead of saying “psychiatrist,” they say “cognitive behavioral health therapist.” “Elderly people now came from that period where being mentally ill was menacing,” she says.

What health factors contribute to depression in seniors?
“Depression after a stroke is very common and unfortunately sometimes is difficult to diagnose because some parts may just be related to the stroke,” Kiamanesh says. Seniors who experience a stroke may not be as physically active but that could also be a sign of depression. Depression can also be a side-effect of certain medications, she says.

What are some symptoms?
Sleep disturbance, Kryzanowski says. Others signs include decreasing appetite, decreasing energy, lack of motivation, lack of enjoyment, crying spells, and memory and concentration problems. Kiamanesh says the symptoms sometimes seem vague and seniors may not even feel depressed – or acknowledge it. Healthcare providers and caregivers should pay attention to behavior and body language. Another sign is self-neglect. Seniors who stop bathing or cleaning or going out may be dealing with depression. Kryzanowski says one thing that helps in treating seniors is an integrated healthcare system. A computer system that stores and connects all of a patient’s medical records and doctor’s notes can help improve consistency in care and better treatment she says. That’s especially important for seniors, who may see several doctors and often struggle to recall medical history.
Can you prevent depression?

Yes, Kryzanowski says. Early on, develop strategies on how to have a happy and healthier life when you get older, she says. Other efforts include meditation, yoga, and exercise. If one sport becomes too difficult physically, try something else, she says. “Read every day,” she says. “Try to be involved in world affairs and news.”

She encouraged seniors to get out of the house at least three times a week and to be involved in community or spiritual activities.

What medical treatment is available?

Antidepressants, cognitive and behavioral therapy, and referrals to counselors, Kryzanowski says. Seniors who are on medicine for depression should not stop it without discussing it with their doctors. Discontinuing use of an antidepressant can cause the disease to come back and also for the person to experience harsh withdrawal symptoms.

Is there anything else you think is important to know about this issue?

“It needs to be tackled early. The worse thing that families can do is wait until they’re so bad off,” Kryzanowski says. “It will be better if we can prevent getting to that point.”

– Conversation condensed and edited by Cherise Newsome

Jewish Family Service of Tidewater provides skilled home healthcare, in-home personal care, counseling, and a continuum of social services.

Beth Sholom Village offers outstanding short-term rehabilitation, long-term care, and assisted living.

Freda H. Gordon Hospice and Palliative Care of Tidewater provides hospice care to meet the physical, emotional and spiritual needs of patients and their families.
Save Sight

Save and attach this grid to a flat surface • View at arm’s length • Put on your glasses if you have them • Cover one eye • Focus on the central dot

Any lines appear wavy, distorted, or missing? • Repeat for the other eye • If any lines appeared wavy, distorted, or missing contact your eye doctor

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