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What does aging well really mean? It all depends upon your vantage point

By **Barbara Meltzer**

As an advocate for our aging population and an aging woman, I have spent a lot of time thinking about how I want to age and how I might do that successfully. What does aging well mean, anyway? In my role as a commissioner on the L.A. County Commission for Older Adults, I am quite aware that not everyone has the benefit of being able to make the best choices, and often all of life is a challenge.

I also was a caregiver for my mom. She had dementia and during the last six months of her life, she didn't know who or where she was. But she was always smiling, laughing, and when music played, she danced. Was she aging well? Certainly not from my vantage point.

How Do We Define Aging Well?

When I began my research for this article, I thought the most appropriate jumping off point was Dr. George Vaillant's book, *Aging Well*. As it turns out, Vaillant contributed an article to the In Focus section, on page 7. In it he shares results from the landmark 75-year-old Harvard Grant Study, recently mentioned by Roger Angell in his personal and wry *New Yorker* piece, "This Old Man."

> Was my mom aging well? Not from my vantage point.

Angell wrote, "Recent and not so recent surveys including the six [sic] decade-long Harvard Grant Study confirm that the majority of us people over seventy-five keep surprising ourselves with happiness. Put me on that list." Now 93, Angell has arthritis, macular degeneration, some nerve damage, a bad left knee and other chronic conditions. But he's happy. Would I be? I don't know. Would you?

During an interview in 2012, Dr. John W. Rowe was asked how he defined successful aging based on his MacArthur

Photo: iStockphoto/ Aania

Foundation study published in *The Gerontologist* (37:4, 1987; *http://goo.gl/XCzXVl*). "Our definition of successful aging deviated from the research prior to our study," said Rowe. "Most research on aging was about avoiding a hip fracture or a nursing home admission. We saw it more broadly and think that avoiding disease and disability is important, as is maintaining physical and cognitive function. Very importantly, we added a third piece to our findings, and this is to maintain engagement."

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In this issue

2014 ASA Hall of Fame Award: a conversation with Fernando Torres-Gil

The 2014 ASA Hall of Fame Award winner is Fernando Torres-Gil. The award is presented to an individual age 65 or older who has, through a lifetime of advocacy and leadership, enhanced the lives of elders through demonstrated leadership on the national level.

> My mom gave up her dreams and goals to raise her nine children.

Torres-Gil, Ph.D., is a professor of Social Welfare and Public Policy at the University of California, Los Angeles, Luskin School of Public Affairs, and directs the UCLA Center for Policy Research on Aging. He served under President Jimmy Carter on the Federal Council on Aging, as a White House Fellow under Secretary of Health, Education and Welfare Joseph Califano, and under President Bill Clinton as Assistant Secretary for Aging at the Administration on Aging.

Aging Today: Describe your years growing up and how they influenced your life as a teacher, a student of aging and as an advocate for aging, diversity and disability issues?

Photo: Sandy Huffaker

Fernando Torres-Gil

Fernando Torres-Gil: My career in the field of aging was directly and inadvertently shaped by my years growing up in the two homes of my youth: Salinas,

› CONTINUED ON PAGE 14

Paying attention and paying tribute to a father and a soldier

August 15, 2015, marks the 70th anniversary of the end of WWII. With cooperation from our friends at the Keep the Spirit of '45 Alive! organization, ASA and **Aging Today** *will help mark the occasion with a series of stories leading up to the anniversary.*

As Roland Joseph Champagne idolizes his father, who was an ambulance driver in WWI, so too does Roland Mark Champagne love and respect his dad, who earned a purple heart in WWII's Battle of Okinawa. The elder Champagne now lives in a memory care unit of an assisted living facility in San Diego. The younger Champagne, 54 (who sometimes goes by Mark to prevent confusion), is a clinical study director at the Naval Medical Center in San Diego. Most nights after work, he stops by to visit his father.

> 'There he is, up on the wall, in uniform.'

His soon-to-be 90-year-old father has had Alzheimer's for about 10 years and although he seems to recognize his son, he isn't always certain who Mark is.

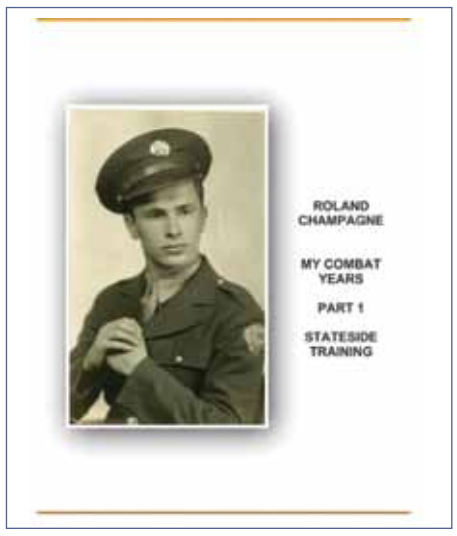

Photo: Courtesy of Roland Champagne

Roland Champagne as a soldier in WWII on the cover of one of several memory books his son made to help spark conversation.

That doesn't keep him from remarking to others, "He's a really nice guy." Which is true, especially if one considers the effort and love Mark has put into communicating with his dad.

Memory Walls, Books and Certificates

To engage him in conversation, and pay him tribute, Mark has created an Honor

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ASA Update

ASA is grooming tomorrow's leaders today

By **Robert G. Stein | ASA President and CEO**

Robert G. Stein

Leadership in the field of aging is of paramount importance, especially as the current cadre of experienced leaders move into encore careers or consultancy roles, and some contemplate full retirement. To address this issue so crucial to the field of aging's future—and one that is vitally important to ASA—we have forged proactive strategies within the ASA Strategic Plan. One is a new leadership program called Mentor Advantage, an online platform that, though still in its infancy, already is generating intense interest among ASA members.

ASA MENTOR ADVANTAGE

Mentor Advantage, geared toward helping early- or mid-career professionals, enables participants to learn from more experienced leaders in aging, and provides them with opportunities to create larger networks, to help solve career challenges and to locate necessary tools and resources.

It is a self-service program available to all ASA members, and easily accessed via a link on the ASA website (*http://asaging.org/asa-mentor-advantage*). Once logged in, it is simple to create a Mentor Advantage account, fill out a profile and be matched mentor to mentee and vice versa. Potential mentors explain relevant experience and expertise, as well as how much time they can allot per month for mentoring activities. Mentees can seek mentors in specific interest areas.

> We strongly encourage all experienced ASA members to sign on as mentors.

The upcoming 2015 Aging in America Conference will feature a "speed mentoring" event (akin to "speed dating") in which staff and potential mentors are scheduled to talk to conference attendees about mentoring, conduct mini-mentoring sessions and have the Mentor Advantage site running for on-the-spot sign ups.

We strongly encourage all experienced members to sign on as mentors, and early-stage or mid-career stage members to make a profile and explore the site for potential mentors. Mentors can be vital at every stage of a career, helping their charges to define and reach goals, grow professionally and remain motivated. Studies show that people who have been mentored are promoted at twice the rate of those who have not.

And for you experienced leaders, it's a chance to leave the field better off than when you entered it by sharing your passion and building long-lasting relationships with up-and-coming leaders.

In conjunction with our Leadership Institute, Mentor Advantage represents another track in our desire to further members' careers. Also, watch for new programming from ASA's Business Forum on Aging, which will focus on employers and older workers.

Mental Health on the *Generations* Docket

Late this fall, we'll deliver an issue of *Generations* focused on mental health and aging. Guest-edited by University of Michigan's Frederic C. Blow, the issue will outline the impacts of mental health and substance use disorders on older adults, and address mood spectrum and anxiety disorders, schizophrenia and bipolar disorder. The topics of dementia, suicide, complicated grief and how to work with long-term-care issues as they relate to mental health also will be covered.

Mental health is a legacy interest of ASA's, including our nearly three decades–old Mental Health and Aging Network (MHAN) constituency group. After all, there is no health without mental health.

Generations and Web Seminar Sponsorship

I'm pleased to announce that ASA recently learned we'll be the beneficiary of a generous grant from the Archstone Foundation. The grant will be used to underwrite the partial cost of four issues of *Generations* and 12 web seminars, all over an 18-month period from July 2014 to January 2016. The issues of *Generations* will cover the Future of the Aging Services Network, Mental Health and Aging, Consumer-Empowered Aging and Re-Framing Ageism.

In other news, the call for abstracts for 2015 Aging in America closed on June 30 with a rousing success in terms of submissions. Late submissions, however, are welcome (go to *www.asaging.org/aia*). The 2015 conference is from March 23 to 27 in Chicago—we look forward to seeing you there! ■

WRITE TO US

We welcome your responses both to *Aging Today* articles and to guest commentaries, which present the opinions of their authors and not necessarily those of the American Society on Aging. Letters should be no more than 350 words long. We also welcome ideas for articles you would like to see in future issues of *Aging Today*.

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Union Bug

FORUM

The aging population is a source of economic growth, not a drain

By **Jody Holtzman**

Photo: iStockphoto/ JDawnInk

The prevailing wisdom in the United States, perpetuated in the media and on Capitol Hill, is that the aging population is a significant burden on the national economy. How often have you heard Medicare and Social Security referred to as "drains" on the federal budget, or the derisive "greedy geezer" label attached to older adults to reflect the negative financial implications of aging on the national economy?

Reality shows that the aging population in the United States is an important source of economic growth. That is the finding of *The Longevity Economy: Generating Economic Growth and New Opportunities for Business* (*http://goo.gl/V11TyX*), an October 2013 study conducted by Oxford Economics and commissioned by AARP.

The analysis considered the 100 million people in the United States older than age 50 not from a government point of view—the view that has framed the national debate over aging—but from an investor's point of view. We posed a question that only in Washington would seem radical: Just how much economic activity is generated by people older than age 50?

It is fascinating that in Washington, addressing the needs and wants of more than 100 million people is viewed as an unaffordable cost and economic burden. In the private sector, addressing the needs and wants of more than 100 million people is viewed as an opportunity. And, depending upon which lens one uses, the choice of lens takes the discussion in a very different direction—financial and economic burden versus financial and economic opportunity.

Opportunities of the Longevity Economy

How big is this opportunity? Consider the following findings from the *Longevity Economy* report.

The GDP of the Longevity Economy in the United States is $7.1 trillion, making it the third largest economy in the world after the United States and China, and more than $2 trillion larger than Japan.

The Longevity Economy in the United States represents 46 percent of total U.S. GDP, accounting for almost 100 million jobs and $4.5 trillion in wages and salaries. It also generates $1.75 trillion in federal, state and local taxes—$987 billion in federal taxes (47 percent of the total) and $761 billion in state and local taxes (56 percent of the total).

When it comes to starting new businesses and job creation, people ages 45 to 64 start companies at almost twice the rate of people ages 20 to 34.

People older than age 50 contribute more than $3 trillion to U.S. consumer spending (not including healthcare), a little more than 50 percent of the total, and they dominate spending in 119 of 123 consumer packaged goods segments. This economic activity is so extensive that it has the characteristics of an economy unto itself, which is why we have dubbed it the Longevity Economy.

As with any healthy national economy (e.g., the United States, China, Germany or Barbados, for that matter), the characteristics of the Longevity Economy include new business models and markets, disruptive innovation, new business and capital formation, job creation, supply chains and multiplier effects, and demographic growth.

All of these qualities reflect the breadth of economic activity generated through the production and distribution of products and services addressing the needs and wants of people older than age 50.

The Longevity Economy Benefits All Ages

Perhaps most importantly—and also missed in the policy debates—is that the beneficiaries of all this economic activity are not limited to people older than age 50. The beneficiaries are people and families of all ages and generations who have jobs, salaries and wages generated by the Longevity Economy.

> The Longevity Economy in the United States represents 46 percent of U.S. GDP.

"Rather than being a burden to society, these older people will continue to fuel economic activity far longer than past generations had, and those born after them will continue the trend," the Oxford analysis concluded. "They already inject some $4.6 trillion a year in spending on consumer goods and services, including health care, into the overall economy. That figure rises to $7.1 trillion when we add the effects of this direct spending as it circulates through the economy."

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Can technology trump the human touch?

By **Joan Retsinas**

Two realities converge. One is demographic. We are an aging population; and, as more of us age into the senescence our grandparents didn't reach, we will be drawing upon a shrinking cadre of possible caregivers. Our children, many scattered throughout the globe, will wonder how to help us. Care will be our need, their challenge.

> We may decry surveillance for national security, but we welcome surveillance for personal security.

Photo: iStockphoto/ feellife

At the same time, this is the age of technology. Most of us are tech-savvy, adept at the commonplace wonders of Facebook, Twitter, Google, Skype.

Can the two realities converge? Will technology help alleviate the challenges of caregiving?

The Dream of Digital Caregiving

The new buzzword in caregiving is "digital." Google the term. Then consider a few innovations. Tiny sensors planted inconspicuously throughout your home will transmit your movements: your treks to the bathroom, whether or not you open the refrigerator, when you leave the house.

These "accelerometers" detect changes in pattern—too long in a chair, not leaving the house—and signal a problem. Unsteady gait looms as a potential crisis. But a "Magic Carpet" embedded with optical fibers will signal changes in tread—and the need for help (maybe grab bars, maybe new medication). The SmartSlipper, embedded with chips, detects changes in gait. (The same company that manufactures SmartSlippers, 24eight, developed a pilot for Smart Diapers, which, thanks to a chip, texted the adult in charge that the baby's diaper was dirty. That pilot did not graduate to the marketplace.)

With Comfort Zone, developed by the Alzheimer's Association, a GPS tracking system will link an elder to a caregiver's cell phone: every hour she or he can check the older adult's whereabouts, and if he or she is wandering. A programmed GlowCap on medication bottles will signal when to take pills, whether a dose was missed and whether more pills are needed. Telemetry can bring you to your doctor.

These and similar products are all available now. Ironically, while we may decry, or at least question, surveillance for national security, we welcome surveillance for personal security, particularly the security of a growing cohort of older Americans living alone.

Caregivers Need Relief

Indeed, the market from caregivers is robust. According to the Family Caregiver Alliance, there are 65.7 million caregivers in the United States, a number that represents 29 percent of the U.S. adult population caring for someone who is ill, disabled or aged. Juggling jobs and families, many exhausted caregivers suffer from what geriatric psychiatrists dub "caregiver syndrome."

Peter Vitaliano, a professor of geriatric psychiatry at the University of Washington School of Medicine in Seattle, Wash., compares caregivers' hormone levels to

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Battling ageism with real-life tales

By **Stuart Greenbaum**

A poignant scene plays out daily in long-term-care communities: a visiting husband sits beside his beloved wife, holding her fragile hand reassuringly. She seems to appreciate his plaintive smile and soft whispers, though the comfort of his presence may be the only thing that registers with her.

> Correcting ageism requires observers to empathize.

"Hello, sweetheart," says the husband.

The facility's administrator shares, "He visits her every day. Her Alzheimer's is getting quite bad. He never misses a day. He's very sweet."

The husband then reveals that his wife doesn't always know who he is, but says, "I look forward to seeing her every day. She's still the same person. Every day I introduce myself and we get to know each other all over again. I'm lucky. Who else gets to fall in love 365 times a year?"

Realism Still Rare

Although this delicate interaction could have occurred in a skilled nursing or memory care community near you, it's actually a scene from "Derek," the Netflix series created by British writer-director-comedian Ricky Gervais. The heartstring-tugging moment showcases what is so encouraging about the new program, which is its authentic depiction of older adults—replete with the challenges, complexity and resignation of growing old.

"Derek" prompts the instinctive nature of individuals to psychologically project: This could be my grandparents, my parents or me, some day. Young, old, healthy or not, the moment is too genuine to dismiss.

Yet such reality remains largely offscreen. Consequently, the preponderance of negative perceptions toward aging and long-term care too often is perpetuated by unfamiliarity and insecurity, and fed by sensationalized media and stereotypic storytelling.

Correcting ageism, as with all forms of prejudice, requires observers to empathize, to view situations from another's vantage point. Only when individuals unaffected by ageism become as indignant as those who are will such injustice cease. With myriad lessons in human kindness and acceptance occurring daily in real long-term-care settings, providers can help confront ageism simply by inviting media to help shed more light on dignified, enriching aging experiences.

Stories Ready-Made for News

Recently, the moving story of a special wedding anniversary picnic in a skilled nursing community at Eskaton Care Center in Fair Oaks, Calif., touched thousands of people via popular media. Packed with sights, sounds, smells and other sensory cues, the picnic triggered rare moments of recognition for a woman with advanced Alzheimer's as she smiled and held hands with her devoted husband of 60 years. The staff that hosted the event advised local media of the occasion; consequently, the public benefitted as well from this healthy dose of reality.

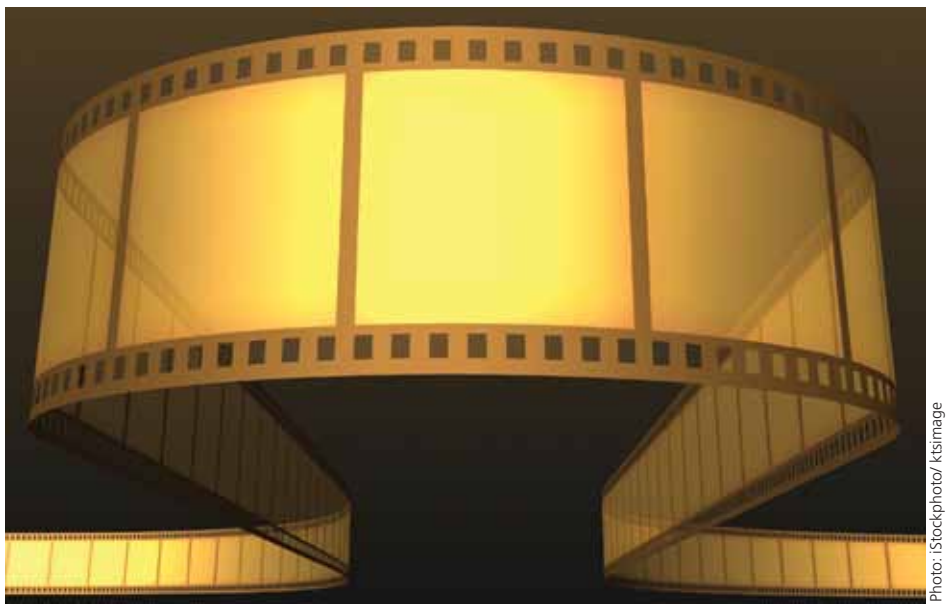

Photo: iStockphoto/ ktsimage

Every day, long-term-care communities generate similar human interest storylines—often ready-made for news features, let alone scenes for TV shows or films. The following are some examples:

- Resourceful staff at a skilled nursing facility transformed a dining room into a wedding chapel to accommodate a daughter's desire for her father, too fragile to travel, to walk her down the aisle;
- An assisted living community's inspired staff helped a resident celebrate her 100th birthday by helping her to become an official Girl Scout—the fulfillment of a lifelong dream;
- A senior housing administrator coordinated the reunion of one resident, who was a former prisoner of war, with his brother in Japan from whom he was separated by WWII for more than six decades;
- Other communities feature artist colonies and creative workshops called "Happiness Labs," while countless more communities and schools regularly unite generations to learn, laugh and share life experiences.

The appeal of life enrichment is ageless. It can also be inspiring, newsworthy and entertaining. Media outlets strive to reach and market to the widest possible audience. Calling their attention to the hefty proportion (and purposeful lives) of older adults in the population simply points out the coincidence of private gain and public interest.

> Life enrichment is ageless. It can also be inspiring, newsworthy and entertaining.

Hollywood is finally catching on, judging by the recent crop of films featuring older adults with diverse and purposeful lives—"Quartet," "The Best Exotic Marigold Hotel," "Philomena," "Nebraska" and "Lee Daniels' The Butler," among others. All the while, as more print, broadcast and online news on aging issues serves to inform the public, the coverage just might influence the trend among observant filmmakers to adapt such authentic storylines for audiences around the world.

In the scene from "Derek," the husband continues: "You see, here's the thing: People see a couple of doddering old fools caught in a time warp, waiting to die. But I see a beautiful young girl from Dublin who wants to spend the rest of her life with me. ... I win." In reality, everyone does. ■

Stuart Greenbaum is president of Greenbaum Public Relations (www.greenbaumpr.com; www.humblesky.net)*, which directs public interest campaigns on health, safety, education, the environment and aging. He is a Governor's appointee to the California Commission on Aging.*

Can technology trump touch?

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those of people suffering from post-traumatic stress disorder. Some of these caregivers might welcome a technological fix, and all would benefit from respite. Investors have stepped up: The Health Research Institute speaks of the "New Health Economy," where "patients" are consumers, with care delivered via remote monitoring and the ubiquitous mobile devices. The Center for Technology and Aging is exploring the cost-savings when patients with chronic diseases (heart, lung, wounds) are monitored remotely.

Before I jump off this bandwagon of enthusiasm, let me declare: I am not a Luddite. Yet does our search for a technological helping hand for caregiving bespeak a trust in technology—or hubris? Admittedly, caregiving is more than labor-intensive; it is labor-exhausting, dependent upon legions of people. We want technology to be the *deus ex machina* that substitutes at least a little bit for people.

Does it? To date, evidence is limited. On the one hand, advertisements for technology always feature thrilled customers, and the products seem like they might solve many problems for caregivers. On the other hand, the Pew Research Center's Internet & American Life Project, in a survey of 3,014 adults, found that although most caregivers used online and mobile health tools (more than non-caregiving adults), only 52 percent said those tools alleviated stress.

But what about the people needing care? In surveys, most people say they want to age in place. But those surveys rarely posit deficits, whether of hearing, vision, lucidity or mobility. Nor do those surveys ask respondents how linked they want to be to family and friends. The three-generation household is not the norm; middle-aged children may live in the same town, not the same house. We lack a metric for isolation: how often do they—or do we—want to see family and friends? Will technology substitute for an in-person visit? It seems unlikely.

> We lack a metric for isolation: how often do we want to see family and friends?

Fifty years ago, behavioral psychologist B.F. Skinner developed the "Skinner box" for babies, an enclosed (the baby could see out, you could see in) temperature-controlled box full of toys, easy to clean, with piped-in music. Skinner labeled his creation "gadgeteering." The goal was efficiency. The box was not popular: parents wanted to hold, play with and cuddle their babies. Presumably, babies also wanted that tactile contact.

With enough chips, we can create a Skinner-type house for older adults. Yet those adults may want to see, hear and feel other humans in real space—they may want, literally, a helping hand.

Technology may well help with caregiving: the early investors are betting it will. But however much we want to "outsource" caregiving to wireless technology, however digitally sophisticated we become, we will still, ultimately, need people to care for us. ■

Joan Retsinas, Ph.D., is a sociologist and former managing editor of Medicine & Health/Rhode Island*, the monthly journal of the Rhode Island Medical Society. She writes a regular column on health policy for* The Progressive Populist*, and can be reached at* joan.retsinas@gmail.com.

Longevity Economy

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What's particularly problematic about the prevailing "We-can't-afford-all-these-old-folks" view is that it is based on bad economics. It focuses on the long-term financial inflows and outflows to and from particular benefits programs (i.e., Social Security and Medicare). Missed is the economic contribution generated by people older than age 50.

The Oxford analysis found that economic activity by people older than age 50 provides employment to nearly 100 million Americans. In addition, the Longevity Economy is a huge source of charitable giving, contributing nearly $100 billion annually to a variety of causes and concerns—nearly 70 percent of all charitable donations from individuals.

Do those figures suggest a drain on the national economy? Over the past two years, AARP has delivered this message to investors and entrepreneurs across the country. The reaction is always the same. At first they say, "Why should we focus on the age 50 and older marketplace?" Then they process the numbers and reach the same undeniable conclusion: "How can we not?"

This being an election year, we are all likely to hear the tired old rhetoric about the high costs of aging in America. But the Longevity Economy is undeniably an economic engine of growth and will be for years to come. That fact should be a key starting point for any discussion about longevity and aging. For smart entrepreneurs and investors, it already is. ■

Jody Holtzman is senior vice president, Thought Leadership, at AARP in Washington, D.C. All data in this article are from The Longevity Economy: Generating Economic Growth and New Opportunities for Business*, Oxford Economics, October 2013. Find the report at* http://goo.gl/LVM5dW.

THE ENGAGED AGE

Fundraising genius focuses on feeding pets of low-income elders

It all began with a Maltese named Charlotte. Brian Daly and his partner, Jarried Gragg, were looking for companionship for their "big beautiful lab," Gunner. Daly typed "Maltese rescue" into Google and all sorts of dogs popped up, but one, Charlotte, stood out. "Oh my God, I love that dog," Daly says was his immediate thought.

Someone who could no longer afford Charlotte had dropped her at a shelter and she'd been spared euthanasia by a rescue organization focused on Maltese dogs. Charlotte's backstory stuck with Daly: he kept ruminating on how often animals are treated horribly and what he might do about it.

Googling for a Game Plan

Daly, age 60, spent much of his career at the ad agency TeamDetroit, in their West Hollywood office near where he lives. He specialized in non-traditional advertising focused on entertainment, and used his extensive entertainment industry network to score product placement in films and fundraise for other events.

So when Daly had his epiphany about animal suffering he went first to his celebrity contacts, calling former "Laugh In" star JoAnne Worley who runs Actors and Others for Animals—a nonprofit that offers free spaying and neutering. But their particular work didn't resonate with Daly. So it was back to Google, where he found the Banfield Charitable Trust in Oregon, which helps people keep pets they can no longer afford.

> 'A cat *does not* need mashed potatoes and seniors *do* need their chicken cutlet and mashed potatoes.'

They told Daly that in his backyard, St. Vincent Meals on Wheels was trying to get a pet food program off the ground. St. Vincent's is the largest privately funded elder nutrition program in the country and provides elders close to 4,000 meals daily. According to AARP, 9 million elders in America are at risk for hunger; in metropolitan Los Angeles, according to St. Vincent's, about 13 percent of elders live below the poverty line and 30 percent have difficulties with activities of daily living, including preparing meals and shopping. Generally, St. Vincent's supplies one hot meal per day to elders in need, but they also offer breakfast and a cold snack, if necessary.

Photo: Daniel Doperalski; *www.doperalski.com*

Brian Daly holds his Maltese, Charlotte, with Gunner at his feet.

Meals Going to Feed Pets

Daly met the St. Vincent Meals on Wheels founder, Sister Alice Marie Quinn, who explained she had recently noticed elders were probably sharing provided meals, especially milk, with pets. Meals on Wheels runners and drivers return from deliveries with requests ("No more turkey" or "Please bring four milks tomorrow"), which is how word got to Sister Quinn that there were increasing requests for milk. "But they're too proud to say they need a hand," Quinn told Daly.

"A cat *does not* need mashed potatoes and seniors *do* need their chicken cutlet and mashed potatoes," said Daly. "I want everyone to go to bed at night with their tummy full—I want seniors to have that and pets to have that."

Pets also provide an important source of social support for elders. According to Raina and colleagues in the *Journal of the American Geriatrics Society* (47:3, 1999), older adults with a dog or cat were better able to perform certain physical activities, allowing them to remain more independent and at home. Researchers suggested that the caretaking role may give elders a sense of responsibility and purpose, which contributes to well-being.

Going Social for Funding

Daly asked St. Vincent Meals on Wheels Foundation Executive Director Daryl Twerdahl for permission to take over the pet food program idea and she gave him her blessing. He dubbed it Bone Appétit, created a strategy, webpage (*http://goo.gl/1g1Eos*) and flyers, and put together a team of 10 volunteer friends to "go into the world face-to-face, via social media and start hitting the streets."

That was last October. Daly's goal was to raise $20,000 for monthly delivery of kibble to feed the pets of elders on the St. Vincent Meals on Wheels distribution list. PetSmart signed on for $4,000, and a local company, Centinela Feed, also donated.

Between October and February, Daly and his team raised $13,000, and in the last month of fundraising made up the balance, bringing them to $21,000, which, in late April, he donated to St. Vincent Meals on Wheels at their annual bike-a-thon fundraiser.

"People have donated $1,000, others $800, but the vast majority were $10 givers via text," says Daly. He's not shy about asking people he meets at cocktail parties to pull out their phones and donate right then and there (text MEALS to 20222 to make a secure $10 donation). "For $10, you can feed a cat for a month," he says.

Bone Appétit also has a veterinarian on tap to provide basic services via house calls. And Daly knows a photographer who wants to shoot portraits of the elders with their animals for a fundraiser, plus, this being Hollywood, hair and makeup stylists are lined up to style the elders. But mainly, Daly has provided St. Vincent Meals on Wheels with a nest egg to begin their pet food program.

"The program is financially solvent, but we'll always continue to reach out for funding. I see us uncovering more need ... we don't know how many animals are out there, so we're trying to get the word

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Feds follow the letter of the law with new CLAS standards for LEP elders

By **Anna Rich**

Making health services accessible to older adults with limited English proficiency (LEP) isn't just good practice, it is the law. New enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) guidelines give healthcare providers a blueprint for fulfilling the letter and spirit of the law. Advocates and those who work with older adults should be aware of what the standards are intended to do.

Photo: iStockphoto/ tumpikuja

Linguistically and culturally appropriate services are particularly important for older adults, especially those with low incomes, who rely heavily on public benefit programs like Medicare and Medicaid. Nationally, more than 14 percent of individuals older than age 65 speak a language other than English at home, and the percentage rises to 60 percent for Hispanic and Asian elders. Approximately 4.1 million Medicare beneficiaries are LEP.

> Lack of translation or interpretation can contribute to health disparities.

Government and academic studies have shown that lack of translation or interpretation services contributes to health disparities by causing poor communication exchange, loss of important cultural information, misunderstanding of physician instructions, decreased adherence to prescription regimes and other problems.

New Standards Combat Discrimination

Consider the following examples of adherence to the new CLAS standards: A clinic makes sure that bilingual geriatric nurses examine older Spanish-speaking patients, rather than relying on younger relatives for translation. A Medicare Part D prescription drug plan translates annual notices into multiple common languages spoken in the plan service area, and trains its customer service representatives in using a language line for less common tongues. A Medicaid personal care attendant prepares a favorite rice and vegetable dish for an older adult immigrant who can no longer cook for herself.

Each goes beyond merely avoiding discrimination based on race or ethnicity. Instead, better practice seeks to address what lawyers call disparate impact: the effect of practices or standards that are neutral and non-discriminatory in intention (such as providing materials in the dominant language, English), but nevertheless disproportionately affect individuals who are not part of the dominant group.

> A clinic ensures bilingual geriatric nurses examine older, Spanish-speaking patients.

The CLAS standards, which were originally introduced in 2010, were revised and updated in 2013. They are intended as a proactive means to improve the quality of healthcare for underserved minorities by providing "effective, equitable, understandable and respectful" quality healthcare and services to diverse populations. The standards range from ensuring a culturally and linguistically diverse workforce, to making sure written and oral communications are accessible to LEP patients, to checking with local stakeholders that healthcare is responsive to the needs of a particular community.

Following Through on Violations

The enhanced CLAS standards are not statutory requirements; however, a recipient of federal financial assistance (including most Medicare and Medicaid providers) failing to adhere to those standards related to communication and language assistance (standards five through eight) could, in some circumstances, constitute a violation of Title VI of the Civil Rights Act. Title VI prohibits discrimination based on race or national origin, including language ability, and violations can result in loss of federal funds and liability for monetary damages and injunctive relief in federal court.

Those who believe that ethnic, racial or linguistic minority individuals are not being adequately served within public health programs should file complaints with relevant agencies. Many marginalized elders who face barriers accessing healthcare are even less likely to file a complaint independently, potentially causing a provider or health plan to conclude that linguistically or culturally appropriate services are unnecessary. Help is needed to ensure access to quality healthcare. A complaint can be filed with a state or local government's health or human services agency, or with the U.S. Department of Health & Human Services (HHS) Office for Civil Rights. Contact the National Senior Citizens Law Center at (202) 289-6976 for guidance in filing a complaint.

Advocates and others who work with Medicare and Medicaid beneficiaries can help promote compliance with CLAS standards. The HHS Office of Minority Health offers a wealth of information on its website, *minorityhealth.hhs.gov*. ■

Anna Rich is litigation director of the National Senior Citizens Law Center, and is based in the Center's Oakland, Calif., office.

Advocacy guide clarifies new Medicaid rules, consumer rights

In an attempt to clarify what is an often murky and always complex area, the National Senior Citizens Law Center (NSCLC) has written a guide called "Just Like Home: An Advocate's Guide to Consumer Rights in Medicaid HCBS" (*http://goo.gl/abwSnj*).

The NSCLC's position is that home- and community-based services (HCBS) should be an option for every Medicaid beneficiary who needs them. HCBS funding under Medicaid gives beneficiaries the ability to receive long-term services and supports at home, in their community. This guide explains the new federal Medicaid rules, which took effect in March 2014, and sets standards ensuring Medicaid-funded HCBS are provided in non-institutional settings.

The guide also explicates consumer rights in HCBS and guidelines for determining which settings are disqualified from HCBS reimbursement. The publication will be updated as more information is made available.

The Retirement Research Foundation, The Atlantic Philanthropies and the Skadden Fellowship Foundation supported the publication's development and dissemination. ■

Fundraising genius

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out ... to everyone who's in the system, and then expand it to people who aren't yet in the system," Daly says.

Feeding Fido Reaps Positive Psychological Results

When asked about Bone Appétit expansion plans, Twerdahl said that the program will be one of St. Vincent's regular offerings.

"We see how much better results are with seniors if we keep them from isolation and, as an adjunct program, Bone Appétit is available to anyone we serve. First we rolled it out where bunches of people lived in apartments ... but as we continue to expand into single-family homes where there will be more yards, we will ask 'What can we do to help?' So yes, we are always expanding!" she said.

Daly's $21,000 check to St. Vincent Meals on Wheels will provide well over a one-year supply of needed food, Twerdahl added.

> We still don't know how many animals are out there.

Recently, at a business conference, Daly was invited onstage to explain Bone Appétit, as conference-goers were anxious to see similar programs in their towns. "Just make it happen," he told them. "It's not enormously complicated. You need to engage people to contribute. Let's recognize that this [elders feeding their pets first] is going on out there and let's start getting everybody fed." ■

Baby boomers will keep a close clutch on their car keys

A new short survey by The Hartford Center for the Mature Market Excellence (CMME), conducted in conjunction with MIT's AgeLab (*Boomer Driving Behavior Survey*, April 2014; *http://goo.gl/c4XPYi*), shows that 76 percent of people now between the ages of 50 and 68 say they plan to keep driving into their 80s and 90s. Some older drivers say they never intend to stop driving.

"Boomer men are more likely to say they'll never stop driving than women, and we asked them to tell us what they thought their driving patterns will be over the next five to ten years ... they said, essentially, they think it'll be about the same," said gerontologist Jodi Olshevski, CMME's executive director, in an April 15 "Radio Iowa" story.

A report from the AAA Foundation for Traffic Safety (*Understanding Older Drivers: An Examination of Medical Conditions, Medication Use, and Travel Behavior*, April 2014; *http://goo.gl/vv1S4y*) showed similar findings, stating that 84 percent of Americans ages 65 and older held a license in 2010, compared to just below half of that cohort possessing licenses in the 1970s. One in six drivers on the road today are ages 65 and older—and they're driving longer distances, venturing farther from home and making more frequent trips.

CMME recommends exercises for driving, as they enhance flexibility and range of motion, for instance, enabling drivers to more easily turn their heads to watch for traffic. The Center also urges older adults who plan to remain behind the wheel into their centenarian phase of life to take a driver education refresher course like the AARP Driver Safety Course (*http://goo.gl/z9WfMi*). ■

IN FOCUS

Reflections and research on living well, aging well

Americans continuously are bombarded by advice in the media on how (and how not) to live and how to succeed in nearly every setting and circumstance, from the boardroom to the bedroom. Now, given the much bandied demographics indicating our exponentially increasing aging population, we are inundated with instruction on how to age successfully.

Despite all the rhetoric, there have emerged fundamental guidelines for aging well, strategies that seem rather, well, basic: Don't smoke, keep your weight under control, exercise regularly, socialize, keep learning and cultivate resiliency.

These tenets were borne out in the Harvard Study of Adult Development, the longest and most comprehensive exploration ever of aging. **Aging Today** *is honored to have the man in charge of interpreting that study's results, psychiatrist George Vaillant, to reflect on this work, as well as a number of other highly respected experts to shape this In Focus. Our special thanks go to guest editor Barbara Meltzer, who suggested we start with Professor Vaillant when seeking stories. We offer an interview with Dr. Walter Bortz, Stanford University longevity expert and author of* Dare to Be 100, *as well as research on the efficacy of mindfulness from Columbia University's Lucia McBee. You'll also find the newest proof on how to mind our telomeres from UCSF's Eli Puterman, and a heartening discourse on the positive aging movement from Doug Dickson. Enjoy, live well and prosper!*

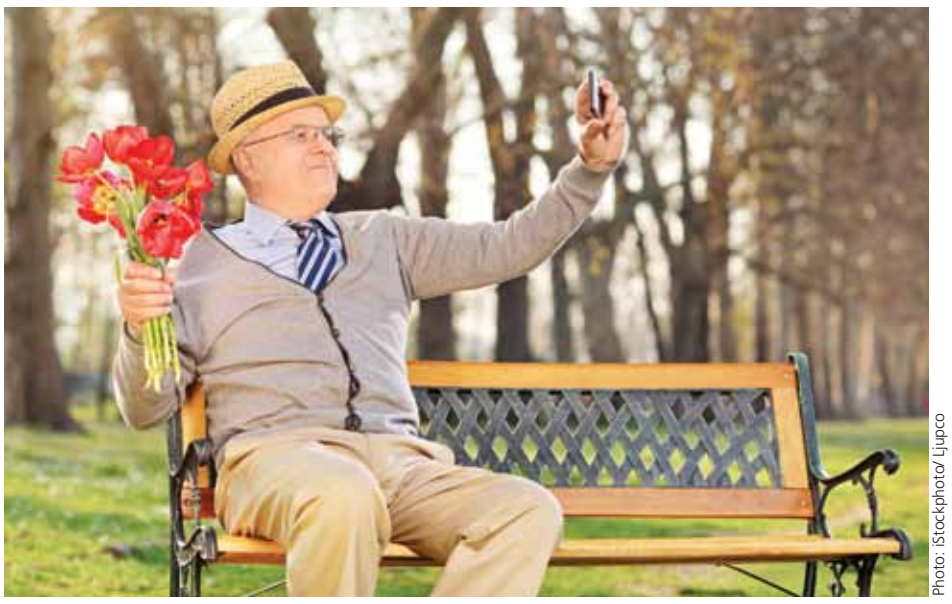

Photo: iStockphoto/ Ljupco

Aging well: thoughts from a 75-year-old study

By **George Vaillant**

In order to study aging at Harvard's Study of Adult Development, for almost 50 years I have followed 824 men and women who previously had been prospectively studied by others. One hundred were intellectually gifted public school girls, 268 were socially advantaged men and 456 were severely socially disadvantaged inner city youth. All were studied from their teens until they were past age 80. The greatest finding of the study was that we keep growing all our lives. For the majority of study members, until about three years before they died, despite the inevitable illnesses of aging, life continued to bring a great deal of pleasure.

Two pillars of aging well were revealed by the 75-year-old study. One is love and the idea that other people matter. The second is finding a way of coping with life that does not push love away. For example, to my surprise, happiness during retirement was not significantly correlated with either income or health, whereas the maintenance of social supports remained all-important.

Genetic Illnesses Get in the Way

Three largely genetic illnesses, not usually emerging until midlife—alcoholism, dementia and major depression—all interfere with relationships and lead to aging poorly. Depression, however, gets better with aging; and in later life, about one-third of alcoholics become stably abstinent for decades, most often through Alcoholics Anonymous (AA).

> The maintenance of social supports remained vitally important in retirement.

The above findings have been documented in three study books: *The Natural History of Alcoholism Revisited* (Cambridge, Mass.: Harvard University Press, 1995), *Aging Well* (New York: Little, Brown and Company, 2002), and *Triumphs of Experience* (Cambridge, Mass.: Harvard University Press, 2012).

The following six AA slogans are useful to help us grow old:

Let Go and Let God. With old age, and with gardens, we must remain brave enough to change the things we can; serene enough to accept the things we can't; and wise enough to know the difference. God grows the garden; you do not have to. The seasons change, and you accept them. There is no way that you can change the aging process; it is a vital part of the life cycle. It is accepting that fact that bestows wisdom.

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What does aging well mean?

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Professors Ann Bowling and Paul Dieppe at the University of South Hampton in 2005 conducted a national random population survey of perceptions of successful aging among 854 people ages 50 and older living at home in Britain, published in *BMJ* (331: 7531, 2005; *http://goo.gl/SwlgbW*). The most commonly mentioned definition was "experiencing good health and functioning."

> People who looked on the bright side of aging had lower mortality rates.

Following are some other comments: "It's your outlook on life to start with. I think I have been an active person. I don't think about getting old. I just don't feel old and act accordingly." And, "Successful aging is to go out a lot and enjoy life, take it day by day and enjoy what you can, have good health, that's more important than anything else. Keep active, and while your legs are moving get out on them."

A single definition for aging well appears elusive, as it does for happiness and love. Studies are conducted, research is done and surveys are completed, but what older persons might define as "aging well" depends upon the circumstances that make up their lives and the reactions and attitudes with which they handle them.

What Contributes to Successful Aging?

For many years, to age well one needed to eat well, exercise regularly, not smoke and maintain a healthy weight and a social network. In the 1980s, as people began to live longer, a greater focus was placed on the importance of psychosocial components (such as civic engagement), volunteerism and building community, one of Rowe's three tenets.

The more recent emphasis, which includes principles from positive psychology, is maintaining a positive outlook, self-worth and self-efficacy. Another is learned optimism—the belief that people can learn to see the bottle as half full.

Dr. Luigi Ferrucci, scientific director of the National Institute on Aging, offers three critical factors to a long, healthy life, as follows:

Find the right stress level. A little pressure is good for you. If you never have to react to anything demanding, the mechanisms in your brain that help you deal with taxing situations will atrophy. The key is to find your personal tipping point between pressures that energize and pressures that paralyze.

Don't think getting older is the end of the world. Researchers found that people in their 30s and 40s who looked on the bright side of aging (it brings wisdom, retirement and more time with family) were less likely to develop cardiovascular disease later in life—and had lower mortality rates—than those who were more pessimistic.

Build your reserves. You've socked away money for your golden years, but what are you doing to prepare your body? A large part of the physical energy you expend is simply to survive. But if you get sick, you need extra energy. If you have exhausted your reserves, your immunity can be compromised and you're more prone to injury.

Heredity plays a role, but only about 30 percent of the characteristics of aging are hereditary; and by age 80, genetics has virtually no influence. Research provides strong scientific evidence that we are, in large part, responsible for our old age.

Definition for Aging Well Remains Elusive

I have come to realize that my personal definition of aging well is fluid. It transforms as my body and the circumstances of my life shift. I love to dance, and believed I could do it forever, often attending Zumba classes. My physical therapist disagrees. "Something slower and smoother will do," she says.

I envisioned more travel, classes and certainly more relaxation. Finances determined that I should continue with my business, and again I had to rethink my idea of successful aging. Trips became long weekends away, and instead of classes for fun, there were workshops and conferences. Worthwhile to be sure, but not that much fun. I am always cognizant that I am lucky. That I have choices, and not everyone does. Although I would rather Zumba, I am grateful every day for what I can do.

In *The Longevity Revolution*, Dr. Robert Butler wrote, "Longevity is desired if accompanied by a life of high quality. But what makes for such a good life? How can we measure quality of life? It is an amorphous concept, constantly changing with the historical period and one's sculpture, personal background, stage of life and socio-economic status. A person's definition of quality of life is, and should be, highly individualized and subjective." I don't think anyone could say it more eloquently. ■

Barbara Meltzer is president of Barbara Meltzer & Associates Public Relations in Los Angeles, Calif. She serves on the Aging Today *Editorial Advisory Committee, as a commissioner on the L.A. County Commission for Older Adults and as a West Hollywood Human Services Commissioner. She can be contacted at* Barbara@meltzerpr.com.

To change the things we can: aging well through self-acceptance, adaptation and continual growth

By **Helen C. Kales**

When I was young, the word "senile" was used for older people, often in a derogatory or comical way. Having connotations of cognitive impairment, it also was used to imply being out of touch, dependent and childlike. Coming from the Latin word meaning "old," the implication was that being old meant becoming senile. Not anymore. That concept of aging has evolved. The baby boom generation, whose numbers change the landscape of every life stage they pass through, will help to catalyze this change.

'Positive aging must reflect vital reaction to change, disease, and to conflict.'

The historical definition of "successful aging" as outlined in Rowe and Kahn's landmark article in *Science* (237: 4811, 1987; *http://goo.gl/B9ICGd*) laid out three criteria for aging well: absence of chronic disease; high cognitive and physical functioning; and active engagement in life. The bad news was that only a minority of elders met all three criteria. The sense was that unless you "chose your parents wisely," you were out of luck.

The Positivity Effect

A broader definition of aging well or "positive aging" comes from George Vaillant's *Aging Well: Surprising Guideposts to a Happier Life* (Boston, Mass.: Little, Brown and Company, 2002). Among other ideas, he wrote, "Positive aging must reflect vital reaction to change, disease, and to conflict." An individual can use the resources available to them to optimize aging by modifying risk factors and illnesses, as possible, and by learning to deal with what cannot be modified.

Many older adults may do this naturally. While old age is associated with physical, cognitive and social changes and losses, older adults often report higher levels of well-being, less negative affect and attend more to positive information (and less to negative input) than do younger adults, according to Urry and Gross in *Current Directions in Psychological Science* (19:6, 2010; *http://goo.gl/3Bd67r*) and Mather and Carstensen in *Psychological Science* (14:5, 2003; *http://goo.gl/3QwzAI*).

This phenomenon has been labeled the "positivity effect" and is also shown in brain imaging studies where the amygdalae of older adults are more active in response to positive versus negative images, according to Mather et al. in *Psychological Science* (14:4, 2004; *http://goo.gl/EQRoH1*). The positivity effect has been hypothesized to come from the "shrinking time horizons" of older adults, resulting in putting more effort into emotional regulation in two ways: attentional deployment (attending more to positive information), as above; and situation selection and modification, according to Carstensen in a chapter in the *Nebraska Symposium on Motivation* (Lincoln, Neb.: University of Nebraska Press, 1993); and Knight et al. in *Emotion* (7, 2003; *http://goo.gl/l5iWpl*). Older adults tend to have smaller but closer social networks and avoid negative interactions by predicting situations that would result in negative emotional arousal (i.e., "choosing their battles"), say Urry and Gross. Sounds like wisdom, doesn't it?

Some later-life depression could also represent the failure of the positivity effect.

Depression in Later Life

So, if older adults are generally more positive than younger adults, how to explain depression in later life? First, like senility, depression is not a normal outgrowth of aging. It is present as a full-blown syndrome in a small percentage of older adults living in the community (2 percent to 3 percent of community samples), according to Aziz and Steffens in *Psychiatric Clinics of North America* (36:4, 2013; *http://goo.gl/9LiImJ*).

But the rate of depressive symptoms is higher, as much as 20 percent in elders, and climbs with medical comorbidity. Medical burden is a key factor, to the extent that a National Institute of Mental Health panel once noted that "the hallmark of depression in older people is its comorbidity with medical illness," in *JAMA* (268, 1992; *http://goo.gl/qxKP9s*), with rates of major depression as high as 12 percent in medical inpatients, more than 20 percent in those who have had a stroke and 20 percent to 25 percent in those with heart disease.

Depression in later life is heterogeneous and likely caused by the coinciding of biological and psychosocial factors setting off an underlying vulnerability. Some later-life depression could also represent the failure of the positivity effect, with older adults failing to make a compensatory shift in emotional regulation in light of changing resources, say Urry and Gross.

One promising treatment for promoting emotional wellness in older adults is the practice of mindfulness (see Lucia McBee's story on page 10), which can teach an older adult with symptoms of depression or anxiety how to better emotionally regulate by relying on intact resources. Mindfulness-based practice allows the individual to pay attention in the present moment in a non-judgmental way, and helps to halt negative thoughts about the past or worries about the future. Our group has recently published in the *Journal of Gerontological Social Work* the results of an eight-week Mindfulness-Based Cognitive Therapy (MBCT) group for older adults with depression or anxiety that showed significant improvements in reported anxiety, ruminative thoughts and sleep problems, as well as a reduction in depressive symptoms (E-pub ahead of print, 2013; *http://goo.gl/xectaj*). Perhaps you *can* teach an old dog new tricks.

Aging Positively with Dementia

Lastly, what about the other "Big D" of later-life mental health—dementia? Sadly, a disease-modifying treatment, much less a cure, appears to be at least a decade away. However, there is still much we can do now to help elders and their caregivers age more positively. While dementia is largely construed as a cognitive or memory disorder, some of its most debilitating and stressful symptoms are behavioral—agitation, aggression, psychosis, depression or miscellaneous "difficult" behaviors like wandering, inappropriate behaviors, repetitive questioning, etc. Few psychiatric medications work well and antipsychotics carry substantial risks including falls, sedation, worsened memory and even death.

Fortunately, there is an emerging evidence base for non-medication approaches to behavioral symptoms, including

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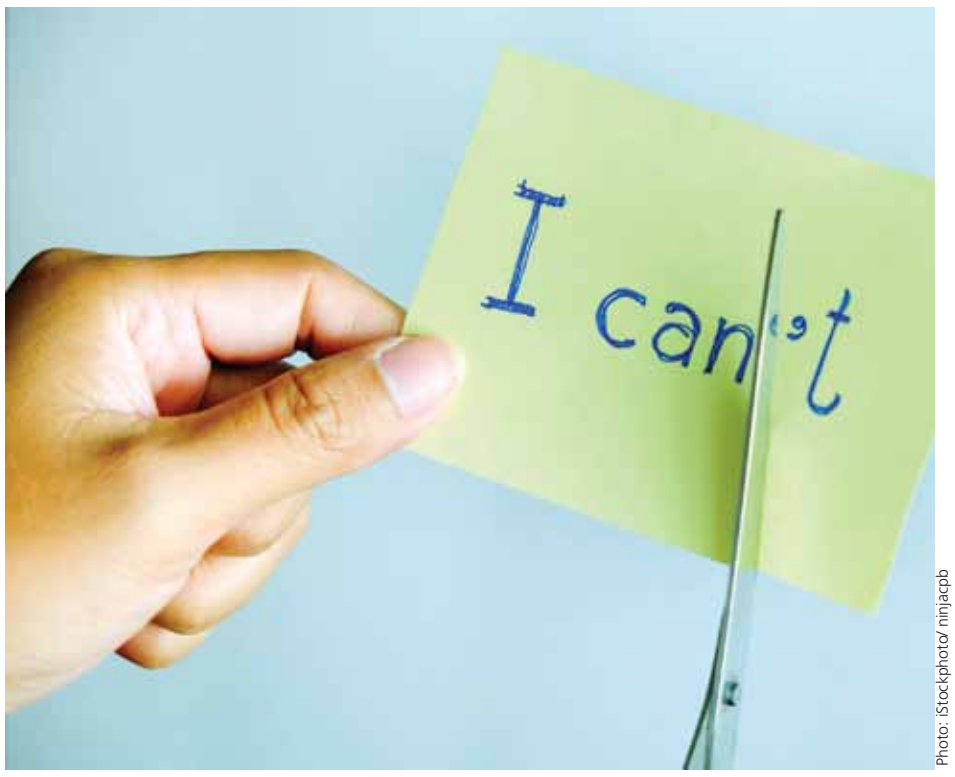

Photo: iStockphoto/ ninjacpb

Thoughts from a 75-year-old study

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First Things First. Hanging out with grandchildren takes precedence over almost everything. In old age you no longer have to keep up with the neighbors—just your grandkids.

One Day at a Time. *Carpe diem*. Seize the day, but only one day at a time. The past and the future can be, for the moment, ignored. Besides, in old age, what is not done today can be put off until tomorrow.

'King Lear provides a model of how *not* to grow old.'

Easy Does It. In old age, your back is precious.

Cultivate an Attitude of Gratitude. In old age, we become dependent. We no longer have the luxury of the young—of doing everything ourselves. However painful, however difficult, in old age being conscientiously grateful beats the misery of complaining that you can't drive, or see or shop any more.

Use the Telephone. Don't nurse the "poor-me's," but ask for help. Successful aging, like sobriety and feeling tickled, can best be achieved in relationship.

Love, Gratitude, Forgiveness, Hope and Joy

Gardens are a good metaphor for aging. When we die, gardens live on after us. E. B. White described his wife Katharine in her final years: "The small, hunched-over figure, her studied absorption in the implausible notion that there would be yet another spring ... sitting there with her detailed [garden] chart ... in the dying October calmly planning the resurrection."

Again, gardens remind the old that although happiness is harder to come by in old age, joy remains. The old man gets up in the morning. He is not happy with the nagging ache in his knee, or with the sagging pot around his middle, or with the persistent wagging tremor in his hand. But then, suddenly, outside the window there is his garden—God's work as much as his own—and he feels joy.

True, we should steel ourselves to the fact that the final 1 or 2 percent of our lives may not be much fun; but, always, always, successful living means understanding that death is part of the journey. Besides, centenarians, on average, do pretty well until they pass their 97th birthdays.

King Lear provides a model of how *not* to grow old. Besides love and gratitude, aging well has something to do with forgiveness, hope and joy. Sure, healthy aging is to live a long time without disability. But more importantly, aging well includes the following characteristics: caring about others; being open to new ideas and, within the limits of physical health, maintaining social utility; and never complaining when you no longer can help others. Rather, those aging well show cheerful tolerance of the indignities of old age and gracefully accept dependency needs. Finally, aging well means retaining a sense of humor and a capacity for play. ■

George Vaillant, M.D., is a psychoanalyst, research psychiatrist and a professor at Harvard University. He directed Harvard's Study of Adult Development for 35 years. He is the author of Aging Well, Triumphs of Experience, The Natural History of Alcoholism and Adaptation to Life.

Accentuate the positive:
a powerful social movement will alter our views on aging

By **Doug Dickson**

Movements are rarely created, but instead emerge over time as a reflection of changing views, offering a framework to support growing awareness and action. Positive aging is at the front end of this progression, just now tipping into a collective force that will, in the end, replace existing norms about aging.

Movements are unstructured and informal at their outset and leadership is fluid. So rather than describe the many people behind the positive aging movement, I will focus on what the movement is, where it came from, where it's going and why it matters.

What Is Positive Aging?

Positive aging has a long list of synonyms that reflect a desire to reinvent the rules and reject the stereotypes of aging: healthy aging, productive aging, conscious aging, vital aging, active aging and more. Positive aging is not trying to prolong youth—that's anti-aging. But neither does it equate aging solely with loss, dependency and decline. Between those extremes, positive aging offers the prospect of acceptance, engagement, contribution, purpose and value.

There are facets of aging over which we have no control. Years pass, experience accumulates, things change and we do our best to keep up. But many facets of aging fall within our control, beginning with attitude. It turns out attitude has a lot to do with health, quality of life, even how long we can expect to live. We can resist aging, live in denial and seek to reverse it, or we can embrace it, take advantage of its virtues and live out its full potential.

We've learned that lifestyle has more to do with aging well than genetic history. We also know that supportive relationships trump much else. A keen sense of purpose and the ability to make a difference can add meaning and years to one's life.

The Origins of Positive Aging

The positive aging movement is woven from many strands, but three are especially noteworthy. One is the emergence of gerontology as an academic discipline over the past 40 to 50 years. As more people were living longer, older adults were recognized as a distinctive group worthy of study. The resulting research has changed our understanding of aging.

Another notable strand is the development of positive psychology in the late 1990s. By focusing on how people flourish and find fulfillment, positive psychology prefigures positive aging in two ways. It suggests that to understand aging, we must look beyond the pathology of physical decline; second, it offers a framework for older adults as they search for ways to connect, contribute and create value in later life.

Photo: iStockphoto/ travellinglight

Perhaps the most significant strand is the baby boom demographic bubble. As with other movements in recent memory, this generation, because of its critical mass, has shown an ability to move change along relatively quickly. Reacting against the "golden years" stereotype and the prospect of spending up to a third of their lives in retirement, leading-edge baby boomers are piloting new 21st century models for aging.

Where Is the Movement Headed?

As the movement gathers steam and continues its spread throughout the United States, Canada, Europe, Australia, New Zealand, South Africa, Japan and other industrialized nations, three issues point to the challenges ahead: linkage, inclusion and altering attitudes about age.

As with any early-stage grassroots movement, nodes of interest are popping up without knowledge of or a way to connect to other nodes. Networks are beginning to form, but they are not always connected to one another. And there is little agreement on key messages and language, including the term "positive aging." As the movement advances, building links in

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> Positive aging is not trying to prolong youth—that's anti-aging.

Three Active Strategies for Positive Aging

Entrepreneurship. People ages 55 to 64 are starting businesses at a higher rate than any other age group. Fully 25 percent of older adults say they want to start a business, and half of them are interested in social ventures.

Encore Work. Almost 10 percent of older adults have transitioned their skills and experience to the social sector. Another 30 percent say they want meaningful paid or unpaid work that makes a difference.

Community Engagement. Initiatives like Encore Fellowships, ReServe, AARP Experience Corps, RSVP, Executive Service Corps and Community Experience Partnership are advancing opportunities across the country for older adults to benefit their local communities.

—Doug Dickson

The Bortz prescription: move it, use it ... and age well

Interview by **Alison Biggar**

Dr. Walter Bortz, age 84, is a clinical professor of medicine at Stanford University. He is the father of four children, grandfather to nine grandchildren and has been married for 62 years to his wife, Ruth Anne, who is 83. And he has run 42 marathons.

Bortz is evangelical about how exercise is of paramount importance to aging well. He also has some radical and some not so radical ideas about how we as a culture might approach the habits of our less active citizens. A fast-talking, energetic presence, Bortz still runs three times a week, two days for 3 miles each, and 10 miles on Sunday. He is the author of *The Roadmap to 100: The Breakthrough Science of Living a Long and Healthy Life* (New York: Palgrave MacMillan, 2011). **Aging Today** caught up with him recently via phone to discuss his views on aging well.

Aging Today: How did you first become interested in studying how we age?

Walter Bortz: Through my father, Ed Bortz, M.D. He was a pioneer, interested in aging in the 1940s, president of the AMA, and a co-founder of AARP. He was a friend of Ethel Percy Andrus, the godmother of AARP, who founded the National Retired Teachers Association, which became AARP. He brought the biology of aging to AARP, and was at the first White House Conference on Aging. So I have a big heritage in aging.

> 'Most of what we think of as aging is actually disuse.'

I went to med school, started studying fat metabolism, then took three more years of biochemistry, studying in Munich with Feodor Lynen, who won a Nobel Prize. When I returned, I got big grants from the NIH to study fat metabolism.

I was publishing like a fiend, then my father died [at age 74] and I was crushed. That catapulted big things: I moved to California, started to run because I knew it was good for depression and became a geriatrician. When I came to Stanford and they looked at my CV, they told me I'd be a geriatrician. It was by appointment, there was no training back then for geriatrics.

Photo: Courtesy Jeffrey R. Wyant

Dr. Walter Bortz at the starting line for the Marine Corps Marathon, Washington, D.C., 2005.

AT: Can you explain why exercise is of such importance to everything you have found out about aging well?

WB: It all happened as an accident. I pulled my Achilles tendon, so my leg was in a cast. When I took the cast off, it was all withered up. I wrote "Disuse and Aging" in *JAMA* [1982], and said that most of what we think of as aging is actually disuse.

AT: Has exercise been shown to be effective in preventing cancer?

WB: There's no question that several kinds of cancer are less common in exercisers (I'm being careful not to say it cures or prevents cancer). I have characterized exercise as armor that builds up all resistances, including resistance to cancer, and it builds up your immunological response. Twenty years ago I was asked whether or not exercise is good for Alzheimer's or Parkinson's, and I was cautious then—now there's no question that it's the most important [preventive] feature for those two.

The disuse syndrome has six components: heart, bones, metabolic, neurologic, psychological (depression) and frailty. Problems with any of those really go back to a lack of exercise.

AT: What about people with joint problems or old injuries that prevent them from doing the exercise they love?

WB: Non-movement is not an option, so take up swimming or biking—you need some way to stimulate the carcass. Non-movement is like putting your leg in a cast.

AT: How can you motivate those who are not in the habit of exercising? Or those people who, despite education about doing the right thing, continue to do the wrong thing?

WB: That's the million-dollar question: How do you change behavior? It's [Stanford Professor Emeritus of Social Science

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Telling truths about telomeres, stress and aging

By **Eli Puterman**

The average woman in the United States lives for approximately 82 years, while the average man will live to age 80. We like to say, "Good genes run in her family," and in part that is true. Women and men who live into their 90s are more likely to have the types of genes that help them to live longer, while many of those who live shorter lives might be genetically predisposed to developing health conditions like cardiovascular disease.

Chronic psychological stress and exposure to traumatic events can accelerate telomere shortening.

While genetics may help explain why some people live to see a new century, our experiences across the lifespan also significantly impact our health. Trauma during childhood, continuous financial difficulties during adulthood and providing ongoing care for a family member are just a few examples of life experiences that can accelerate aging of the body. But so can the foods and beverages we consume, and sleep and exercise habits. Our genes, life experiences and behaviors combine and interact to impact the aging process, for better or worse.

Telomere Length Marks Aging

One marker of aging is the length of telomeres in our immune cells. The human immune system is integral to how the body repairs wounds, cleans out unhealthy bacteria and viruses, and takes to vaccinations. But the immune system weakens as we age and an impaired system can promote heart disease, the development of type 2 diabetes mellitus—even Alzheimer's disease. Telomeres are genetic caps at the ends of the chromosomes that protect our immune cells from weakening and becoming impaired. Telomeres naturally shorten as we age, but the longer the telomeres, the more viable and better functioning are our immune cells.

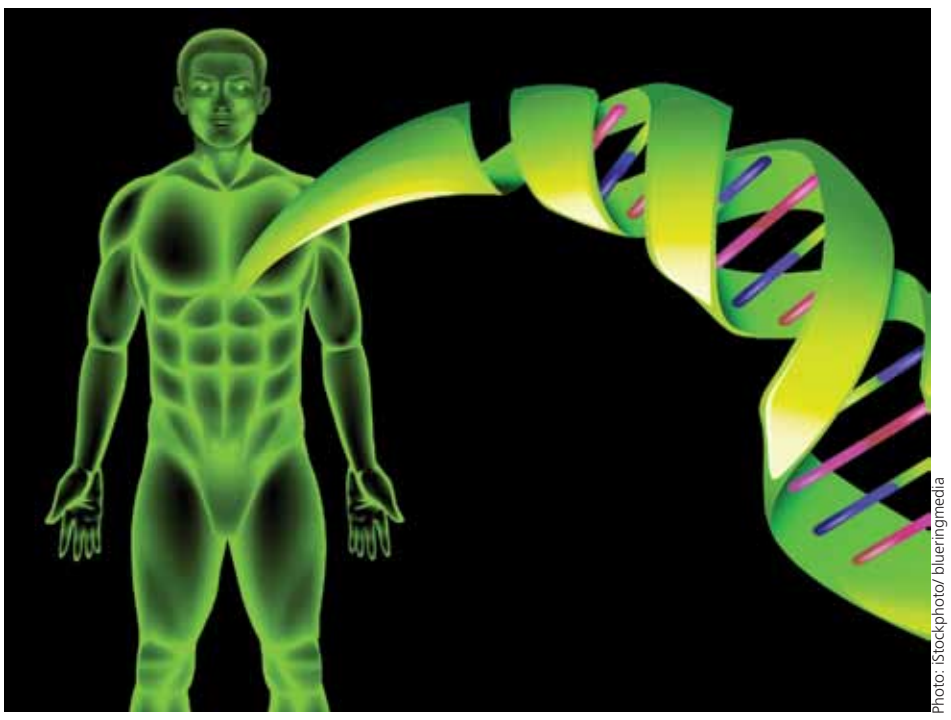

Photo: iStockphoto/ blueringmedia

Research indicates that chronic psychological stress and exposure to traumatic events can accelerate telomere shortening, promoting more rapid immune system decline. In one study published in 2004 in the *Proceedings of the National Academy of Sciences* (101:49; *http://goo.gl/AiEV8n*), University of California, San Francisco's Elissa Epel and 2009 Nobel Laureate in Medicine and Physiology Elizabeth Blackburn looked at the length of telomeres in premenopausal women, half of whom were providing ongoing care to a child with a serious health condition and the other half who had typically developing children. Epel's work was the first to demonstrate a link between stress and the length of our telomeres. It showed that the more years these women were providing care for a sick child, the shorter were their telomeres. Even the women who were not providing care to a sick child were more likely to have shorter telomeres if they reported higher psychological stress. Since then, at least a dozen studies have linked stress, depression, abuse, violence and poor financial standing to shorter telomeres.

But there is hope. Our 2009 publication in the *Public Library of Sciences ONE* (PLOS ONE, May 26, 2010; *http://goo.gl/VQ6S3a*) looked at a new sample of caregivers, this time postmenopausal women providing care to a family member with Alzheimer's disease or dementia. We also had a comparison group of women, of the same average weight and age, who were not providing ongoing care for a loved one. All the women reported their current levels of psychological stress and, similar to our previous work, the more the women reported being stressed, the shorter were their telomeres.

We also had them report the number of minutes they exercised over a few days. We discovered that the stress–telomere link was only apparent in the women who didn't exercise. In the women who exercised, the stress–telomere link was broken. Since 2009, we've demonstrated similar findings in other samples and over time. In our recent study of 239 healthy women, stressful experiences during a one-year period (such as divorce, job loss, death of a family member or friend) predicted accelerated telomere shortening over the year, beyond what would be expected in such a short period of time. Yet, those women who exercised, ate well and had good sleep patterns during the year seemed to be protected—their telomeres did not shorten, regardless of the major stressful events they experienced.

The stress–telomere link was only apparent in the women who didn't exercise.

We all know that we should remain fit, eat well and get good sleep. When we're stressed out, it's harder to get out and exercise, take the time to cook healthy foods and get to bed without having our minds spin out of control. When we're stressed, though, it might just be the right time to develop and stick to healthy habits. Your telomeres will thank you for it. ■

Eli Puterman, Ph.D., is an assistant professor in the Psychiatry Department at the University of California, San Francisco (UCSF), School of Medicine.

New Study Needs Caregivers

At UCSF we now are testing to see if we can change the telomere length of immune cells in women and men who are providing care for a family member with Alzheimer's disease. In the first study of its kind, we are giving free six-month gym memberships to highly stressed caregivers and providing fitness coaches to help these caregivers reach exercise levels that would make the Centers for Disease Control and Prevention (CDC) proud. (The CDC recommends adults and older adults get 2.5 hours per week of moderate intensity aerobic activity, plus strength training on two or more days per week.)

We are actively recruiting participants for this randomized controlled trial, so if you live in the San Francisco Bay Area and are a caregiver or know someone who is, please contact us for more information at *Fastlab@ucsf.edu*, or (415) 476-3818.

—Eli Puterman

Be here now—and age mindfully

By **Lucia McBee**

Tom (not his real name) felt vacant when, at 65, his planned-for retirement and leisure was followed by a divorce and the loss of his traditional roles as father, husband and employee. A friend suggested an eight-week class called Mindfulness-Based Stress Reduction (MBSR) might help him cope with stress, anxiety and depression. Mindfulness includes the formal practices of meditation and yoga, and informally integrates awareness and self-compassion in all aspects of one's daily life. The class not only taught Tom practical ways to cope, but also reconnected him with his youthful dreams of living a meaningful life.

While Tom was healthy and financially stable, many older adults are living with chronic illness or caring for someone who is. As we age, this likelihood increases. Mindfulness-based interventions (MBI) offer a mind-body approach toward health and healing that teaches coping skills for conditions disproportionately affecting older adults such as chronic illness, loss and pain. Mindfulness offers a shift from conventional medicine, from curing, to living with what cannot be changed.

In 2013 alone, 549 scientific studies were published on the benefits of MBIs.

Jane (not her real name) was a 70-year-old woman with arthritis who cared for both her institutionalized mother and her husband who had Parkinson's disease. She found that a mindfulness course for caregivers taught her ways to take care of herself, and allowed her to worry less and enjoy the time left with her mother and husband. In a meta-analysis by Hurley, Patterson and Cooley, published in *Aging & Mental Health* (18:3, 2014; *http://goo.gl/AVhbVV2014*), MBIs for family caregivers of those with dementia showed potential for improving caregiver mental health.

Photo: iStockphoto/ marekuliasz

Studied Benefits of Mindfulness on Aging

Baby boomers may remember the seminal 1971 book on meditation, yoga and spirituality, *Be Here Now* (San Christobal, N.M.: The Lama Foundation), by Ram Dass (aka Dr. Richard Alpert), who dropped out, turned on and tuned in on LSD with fellow Harvard professor Timothy Leary. Ram Dass found he could experience similar bliss through the practices of meditation when he turned to the East for spiritual awakening. Baby boomers are now discovering that these same meditation and yoga practices provide benefits for their aging bodies and minds.

Meditation and yoga have been continuously practiced in the East for more than 2,500 years, providing a robust historical evidence of efficacy. Currently, the most widely used and researched program is MBSR. Created in 1979 by Jon Kabat-Zinn, MBSR is an intensive eight-week training that enables participants to connect with and cultivate their inner capacity to grow, heal, find balance and gain insight using daily assignments of secular, often deeply transformative, practices of "non-doing." *In Coming to Our Senses* (New York: Hyperion, 2005), Kabat-Zinn describes mindfulness as "moment-to-moment, non-judgmental awareness cultivated by paying

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THE AGING *Spirit*

Values for dying: how we die can say a lot about us

By **Gregg B. Jackson**

Most of the recent attention given to end-of-life planning has, curiously, omitted discussion of the values that one might select to guide his or her dying.

Values are principles or standards we hope will guide our personal conduct. The classical Greeks identified four cardinal virtues: temperance, prudence, courage and justice. The major religions have identified several others, including faith, hope, love, filial piety, humility, honesty and altruism.

Not all values are equally applicable to all stages of life. For instance, temperance of avarice, lust and pride is generally more applicable when we are at the peak of our powers than when we are infirmed and dying.

Courage, Humility and Consideration

Which values are most helpful for guiding our dying? That is a personal decision and will vary widely, but I think courage, humility and consideration of others are applicable. Here's why.

> We might want courage to decline further treatment.

Courage is the ability to do what we think is desirable in the face of fear. Dying and death evoke fear in most of us. When dying, we will need courage to adapt to diminishing power and control. We will need courage to ask tough questions and make decisions about imperfect treatments having various side effects. We will need courage to face the unknown, divine justice or obliteration. And, at some point, we might want courage to decline further treatment and loosen our grip on life.

Research suggests that both fear and courage are contagious, and that the best stimulus to courage is the company of courageous people. Nelson Mandela thought of courage as a process: "The greatest glory in living lies not in never falling, but in rising every time we fall," he wrote in his autobiography, *Long Walk to Freedom* (New York: Back Bay Books, 1995).

Philosopher Mortimer J. Adler noted, "Not only in answering questions, but in asking them, courage is required." Churchill advised, "Courage is what it takes to stand up and speak, and courage is also what it takes to sit down and listen."

Humility is the ability to recognize the limits of one's talents, authority and powers; a comprehension that we are but glittering specks in a vast universe; and acceptance of the inevitable. Without humility, our last months and even years can be a frantic but fruitless struggle against decline and death.

Albert Einstein said, "When we look at ourselves from a universal standpoint, something inside always reminds ... us that there are bigger things to worry about." Psychotherapist David Richo observed, "Humility means accepting reality with no attempt to outsmart it."

Blunt-spoken Ann Landers advised, "Some people believe holding on and hanging in there are signs of great strength; however, there are times when it takes much more strength to know when to let go and then do it."

Lessening Death's Impact

Consideration for others draws upon the virtues of love, altruism and justice. Our dying will inevitably affect others—a spouse or partner, children, siblings, relatives, friends, caregivers and society. Without consideration for others, the last months or years of our life might overburden, traumatize and even impoverish our families. In addition, people learn mostly by example. Our dying will set an example for those who witness it. Without consideration, our "last act" could set a bad example for the people closest to us.

Photo: iStockphoto/ Jorisvo

> 'Our dying will set an example for those who witness it.'

There are many ways we can exercise consideration for others. If we want to die at home, we can make plans so that it doesn't unduly burden family members. We can clean up and throw away our junk, rather than leaving it for others to discard after our passing. We can complete legacy projects, send thank-you notes, resolve old conflicts, bestow forgiveness and express our love.

Advance planning should include reflecting on the values we want to guide our dying and on the means we will use to adhere to those values. ■

Gregg B. Jackson is professor emeritus at George Washington University in Washington, D.C. He coordinates a public service website on dying at www.OurLastPassage.org.

Transcendence may be the best predictor of successful aging

Might a broader definition of what it means to age successfully positively influence research, clinical practice and health policy in the United States and China? That's the question behind a recent study by Valerie Lander McCarthy, Ph.D., R.N., and Ji Hong, M.S.N., published online in the *Journal of Transcultural Nursing* (*http://goo.gl/ZD63w3*).

McCarthy suggests that good physical and cognitive function, as well as active social engagement, are no longer the only realistic measures of successful aging.

"In reality, the definition applies to only about 10 percent of the older adult population, then older adults feel guilty when they get sick because they think they are not succeeding—and in the U.S., succeeding is important. In China, individual success is not as important, but the negative effect of the cost to care for the older population is a major problem," McCarthy said.

When elders have chronic illnesses and functional limitations, they still report aging successfully, McCarthy says, and thinks a person's ability to cope and adapt while maintaining a sense of meaning and connectedness in life are more important.

This study shows that people who practice transcendence—who derive a sense of meaning and life satisfaction centered on relationships, creativity, contemplation, introspection and spirituality—are predicted to age well.

McCarthy is at work on a program to foster such transcendence in elders, which might involve time for quiet solitude in the beauty of nature, followed by a discussion about an individual's outlook to help develop new perspectives on life. ■

Accentuate the positive

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local communities, across the nation and the globe is a necessary step toward a unified agenda.

A common misunderstanding of positive aging is that it is solely for the healthy, the affluent, the elite and those on the younger end of the age spectrum. In fairness, this is where the movement often has found its early adopters. But extending the benefits of positive aging to everyone, regardless of station or circumstance, does and will continue to dominate the discussion among movement leaders and supporters.

The ageist language and attitudes that pervade our culture and taint decisions about employment, public policy, healthcare, housing and the role of older adults in society may be the largest challenges the positive aging movement must overcome. Progress will require a range of approaches, including a new vocabulary of aging, more nuanced media images, improved business marketing practices, intergenerational exposure and a growing diversity of positive aging models.

Why Does Positive Aging Matter?

Positive aging is important because it offers an antidote for loss of identity, purpose, connection and self-worth, a malady all too common among elders. Purposeful engagement leads to healthier, happier and longer lives.

For communities, older adults represent a much-needed resource: they can fill key roles in which success depends on experience, judgment, patience and creativity, all hallmarks of older contributors. For society, positive aging offers the chance to capture and redirect, rather than walk away from, the energy and talent of one-third of the population. That opportunity becomes even more urgent as this population doubles in the next 40 years.

> The movement offers an antidote for loss of identity, purpose, connection and self-worth.

We've heard the dire predictions of financial disaster because of this demographic trend. But what positive aging allows us to see is the other side. Instead of larger numbers of older adults portending economic doom, this cohort largely can and wants to be productive long into life's later years. This can add up to a stack of assets, like new revenues, stronger communities and reduced spending on social issues. In short, older adults have the capacity to create value that offsets the cost of programs we're counting now only as liabilities. Positive aging is the best hope we have of achieving that outcome. ■

Doug Dickson leads the Encore Boston Network. He previously led the Life Planning Network, Discovering What's Next and the Encore Network. He can be reached at dougdickson17@gmail.com.

Be here now

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attention in a specific way, that is, in the present moment, as non-reactively, and as open-heartedly as possible."

Western scientists now can observe and measure the benefits of MBIs. Following MBSR classes in 2003, Davidson and colleagues found in a study published in *Psychosomatic Medicine* (65:4, 2003; *http://goo.gl/pONLIj*) that participants had stronger immune responses compared to non-participants; and in 2011, Holtzel and colleagues observed in an article published in *Psychiatry Research Neuroimaging* (191:1, 2011; *http://goo.gl/aaVnH*) an increase in the gray matter in the brains of MBSR class participants. Epel and colleagues have even suggested in a story in the *Annals of the New York Academy of Science* (1172, 2009; *http://goo.gl/eXNoQf*) that meditation might slow cellular aging. In 2013 alone, 549 scientific studies were published on the benefits of MBIs (*www.mindfulexperience.org*).

Mindfulness and Meditation for Elders

Studies on MBIs also have targeted elders. A 2014 meta-analysis by Marciniak and colleagues, published in *Frontiers in Behavioral Neuroscience* (8:17, 2014; *http://goo.gl/lkX4RT*), found meditation led to improvements in attention and memory in older adults. MBIs also have shown positive benefits for older adults with anxiety and depression, according to Young and Baime in the *Journal of Evidence-Based Complementary & Alternative Medicine* (15:2, 2010; *http://goo.gl/cpQETm*), and in dealing with pain, according to Marone et al. in *Pain* (134:3, 2008; *http://goo.gl/vqm0VV*).

> 'It helps my whole body and spirit. I forgot all my troubles.'

Many cognitively intact and physically fit elders can participate in meditation, yoga and other mindfulness exercises. And MBIs can be adapted for frail elders to include shorter meditations; elimination of homework and all-day retreats; offerings such as chair yoga; and providing extra support via caregivers. For several years I ran groups in a nursing home for caregivers and elders with physical frailty, cognitive impairment and dementia. With adaptations for a frail population and the institutional environment, the groups and individual consultations offered a chance for residents and caregivers to find quiet, reconnect with their spiritual resources and each other, as well as to learn skills for coping with the challenges of loss, illness and pain. Or, as one 92-year-old participant said: "[The group] makes me feel at peace with the world. It helps my whole body and spirit. I forgot all my troubles."

The extent of adaptations is clinically determined—MBIs are meant to be challenging, but with reasonable expectations for individual populations. The essential message of mindfulness for frail elders is that they learn ways to participate in their healing and focus on their abilities, not disabilities. The most important intervention may be reducing the stress of the family and professional caregivers who interact with them.

Despite the powerful historical and scientific evidence supporting the benefits of mindfulness and meditation, the final evidence is personal. Try the exercise described in the sidebar below throughout the day. Notice what you feel immediately following this practice, and after practicing for several days. There is no right or wrong answer—become the scientist of your own life! And *be here now*. ■

Lucia McBee, L.C.S.W., M.P.H., C.Y.I., is a geriatric social worker and certified yoga teacher who integrated mindfulness and complementary therapies with elders and their caregivers for more than 27 years. She is adjunct faculty at the Columbia School of Social Work, and a freelance speaker and consultant in New York City. She is the author of Mindfulness-Based Elder Care *(New York: Springer Publishing Company, 2008).*

Basic Breathing Exercise

The following three-minute breathing exercise is from *Mindfulness-Based Cognitive Therapy* by Segal, Williams and Teasdale (New York: Guilford Press, 2002):

First minute: Awareness. Observe—bring the focus of awareness to your inner experience and notice what is happening in your thoughts, feelings and bodily sensations. Describe, acknowledge, identify—put experiences into words.

Second minute: Redirecting attention. Gently redirect your full attention to your breath. Follow your breath all the way in and all the way out.

Third minute: Expanding attention. Allow your attention to expand to the whole body—especially to any sense of discomfort, tension or resistance.

As best you can, bring this expanded awareness to the next moments of your day.

—Lucia McBee

Aging with self-acceptance

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caregiver education and support, enhancing communication, increasing activity and modifying the environments. We have recently published a method to create a comprehensive approach to symptom assessment and management, dubbed "DICE," for Describe, Investigate, Create and Evaluate, as colleagues and I wrote in the *Journal of the American Geriatric Society* (62:4, 2014; *http://goo.gl/18UKN7*). We detail key patient, caregiver and environmental considerations at each step and describe the "go-to" behavioral and environmental interventions to consider. And we discuss when to use medications.

We are in an exciting era of positive aging. Finding ways to help elders grow old with self-acceptance, continued growth, engagement in life and resilience not only helps our patients and their families, but also will benefit us all as we age. ■

Helen C. Kales, M.D., directs the Geriatric Psychiatry Section and Program for Positive Aging at the University of Michigan Health System and is an investigator with the VA Center for Clinical Management Research and the VA Geriatric Research Education and Clinical Center in Ann Arbor, Mich.

Paying tribute to a father and soldier

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Wall of photos of his dad's past—from pictures of his dad's parents in their youth to Roland's service in WWII—all on Velcro-backed paper that adheres to the wall and can be easily taken down and passed around as conversation pieces.

Mark realized early on the photos were better off as copies outside glass frames, so there's no worry over breakage or damage. "My dad is extremely proud of his army experience, so there he is, up on the wall, in uniform," he says.

While helping to move his parents, Mark discovered shoeboxes with hundreds of letters from his father during WWII to his parents, brothers and sisters, including colorful postcards from his army training days. There were letters from Okinawa and the Philippines, and Mark admits at first he zeroed in on the exciting ones, looking for combat action.

> There is a huge population out there of veterans who need individual attention.

Then he began to read them all. "I realized how much I was learning about my dad, how he was fresh out of high school when he went into the war, and I could see the progression in his maturity and how he changed over the course of three years," says Mark.

"I saw that similar to how we have yearbooks from high school or college, [that generation] was in combat," Mark says, describing his inspiration for making a memory book. He also had the bright idea to caption the photos from his father's viewpoint, which helps trigger his dad's memories. This particular memory book runs to almost 70 pages. And that's just Volume 1—there are two others of equal or greater length, detailing his father's battalion as it trains in Hawaii and then lands in, and eventually liberates, the Philippines.

"Sometimes the look on his face will be much more alert, you can tell he's with it," Mark says about the time his dad spends with the books. And when he gets to a photo of his dad, he'll say, "That's my dad, he was a good one!"

Spreading the Word on Memory Books

When he's not directing clinical trials or spending quality time with his dad, Mark volunteers at the Veterans Museum & Memorial Center in San Diego. That's where he met Warren Hegg, who runs the Keep the Spirit of '45 Alive! campaign, and who invited Mark to a conference earlier this year. Mark gave a short presentation detailing how to make an Honor Wall or memory book.

At first, Mark wondered why he was singled out because he wasn't part of a national group, but then he realized that there's a huge population of veterans out there who need the type of individual attention he gives his dad.

Mark says with relatively little effort, volunteers—from high school students to adults of any age—can figure out the war background of vets in nearby assisted living facilities or nursing homes. They then can print photos from where the vets served during WWII to help engage the vets in conversation.

He also recommends making "Certificates of Appreciation" for their service. He makes them for his dad, and has them signed by friends at work who are captains and commanders in the Navy. "They make him so happy and proud," Mark says.

"I ended my [Spirit of '45] presentation by saying that there are an estimated 1.6 million WWII veterans still with us, and that conservative estimates put the percentage of people over the age of 85 with some type and level of dementia at 50; therefore, we are talking about 800,000 WWII veterans who are still with us and have some form of dementia.

"Let us not forget that population as we celebrate the upcoming 70th anniversary of the end of WWII." ■

Undocumented immigrants
use fewer, not more, health services

New findings contradict the often bandied about notion that undocumented immigrants overburden emergency departments and healthcare providers. A May 2014 study by the UCLA Center for Health Policy Research (*Assessing Health Care Services Used by California's Undocumented Immigrant Population in 2010; http://goo.gl/UFCPF2*), published in the May issue of *Health Affairs*, shows that undocumented immigrants in California visit doctors and emergency rooms significantly less often than do U.S. citizens and documented immigrants.

One in 10 undocumented adults visit the ER annually, compared to one in five U.S.-born adults. Undocumented immigrants' average doctor visits per year also are less frequent, at 2.3 for children and 1.7 for adults, compared to 2.8 visits for U.S.-born children and 3.2 for U.S.-born adults.

"Most people who go to the emergency room have insurance and are not worried about providing documents. The undocumented who end up in the emergency room have often delayed getting any care until they are critically sick," said Nadereh Pourat, lead author on the study and director of research at the UCLA Center for Health Policy Research.

The study also found that in 2009, California had more than 2.2 million undocumented immigrants, representing a quarter of the state's uninsured population. Because this population is not receiving preventive care, this could lead to more advanced disease and higher public expenditures. Study authors recommend allowing undocumented immigrants to purchase insurance to offset this anticipated expense. ■

Disparities in AGING

Innovative online training boosts culturally competent care and communication

By **Alexander Green**

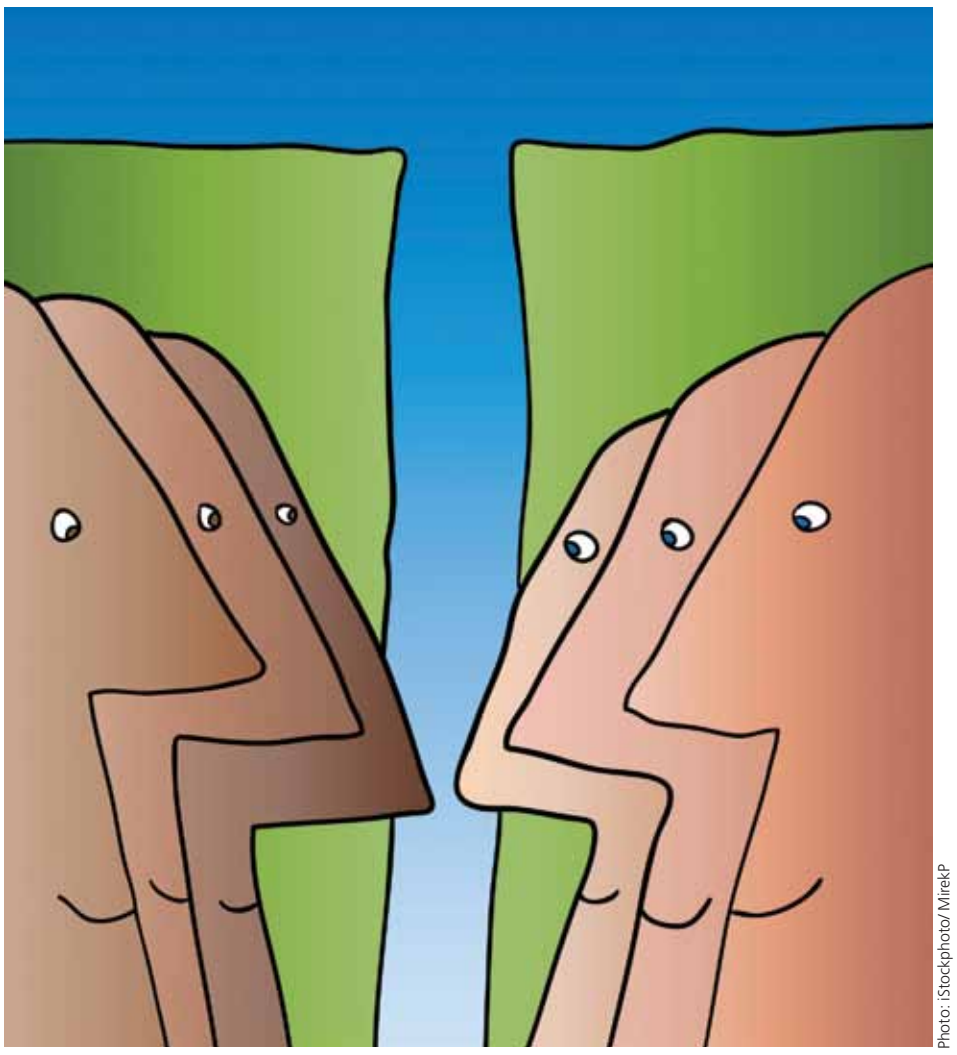

Photo: iStockphoto/ MirekP

In the past few years we have seen an incredible transformation in the U.S. healthcare system, both in the ways we pay for and deliver care. Across the country, healthcare organizations are preparing to expand access to high-quality and cost-effective care. At the same time, our nation's population is growing older and becoming increasingly diverse. Estimates indicate minorities will number 48 percent of the 32 million individuals newly insured through the Affordable Care Act (ACA), and the numbers of older minorities also are increasing. If we are to succeed in our pursuit of value, we must be prepared to deliver high-quality care to an increasingly diverse and aging population.

> Cultural competency relies on building skills for interacting with any patient.

But cultural competency typically is not emphasized in the training of most healthcare professionals, possibly because it is seen as a soft subject and not directly related to outcomes. National surveys such as one from Weisman et al., published in *JAMA* (294:9, 2005; *http://goo.gl/4JxrPU*), have shown that many healthcare professionals feel ill-prepared to provide care to patients having language barriers, mistrust or health beliefs at odds with Western medicine. At the same time, we now know there are striking inequities in healthcare based on patient factors like race, ethnicity, language and socioeconomic status. Never has there been a time when culturally competent care and effective cross-cultural communication were more important.

Online Training Addresses Cultural Competency

In 2003, my colleagues Joseph Betancourt, Emilio Carrillo and I recognized the need for improvements in the cultural competency of our healthcare workforce. We created an e-learning curriculum to teach physicians and nurses about cross-cultural communication as a means of improving existing disparities in care. We called it "Quality Interactions," because we wanted to emphasize that a high-quality interaction was important with all patients, especially those from diverse cultural backgrounds and age groups, individuals who may have beliefs and perspectives that differ from the majority, and who require better communication to understand their access to and options for care.

Our philosophy is that culture is never static. Instead of teaching about specific cultural groups, cultural competency relies on building skills for interacting with any patient, taking into account a broad definition of culture that includes, age, gender, sexual orientation, nationality, religion and other factors.

We built our portfolio of programs to be interactive, to engage learners and recreate real clinical experiences like the following scenario: An older Chinese American man is hospitalized with gastric cancer, and his family wants to withhold this diagnosis from him so that he will maintain a positive outlook. This is complicated further by the language barrier and the family's request to interpret themselves rather than involving professional interpreter services.

Each case starts with this type of background about a patient and then the learner is given choices of possible questions to ask. The patient responds and the learner receives teaching tips on addressing the cross-cultural challenges presented. The program teaches care providers to first identify those challenges, then to interpret them in the context of a particular patient.

This patient-based approach focuses on issues that come up any time a doctor or nurse sees a patient, issues primarily related to trust, language and health beliefs. We have expanded the course portfolio to provide case-based training for all healthcare personnel—from doctors and nurses to case managers, pharmacists, mental health professionals and other healthcare staff—to improve communication at all levels within the medical community.

Thousands Trained at Major Health Centers

To date, we have trained more than 125,000 people nationwide. Quality Interactions has been used by some of the top health plans in the United States, including Aetna, Humana, Cigna and Wellpoint. Major hospitals such as New York Presbyterian, Massachusetts General Hospital and the Mayo Clinic have enrolled, as have the world-renowned medical schools at Harvard and Johns Hopkins universities. At Mass General, we trained nearly 1,000 physicians and 1,500 front-line staff, and found that our patient experience scores for minority patients increased significantly. For some groups, complaints about unfair treatment based on race and ethnicity decreased by 50 percent.

One trainee reported, "Cultural Competency 101 was one of the best learning modules I've had in my 15-plus years working here. I can honestly say that it was not an 'easy' course. The material really made you think."

As our healthcare system undergoes rapid and dramatic change, some truths—and challenges—remain. First, racial and ethnic disparities in healthcare persist, and are a clear sign of unequal quality and low value. Second, although the root causes for these disparities are complex, improving the cultural competence of healthcare professionals has been shown to improve several measures of quality—and these skills will be critical as we deliver care to an escalating aging population that is becoming increasingly diverse.

> Complaints about unfair treatment based on race and ethnicity decreased by 50 percent.

It is the culturally competent healthcare workforce, equipped with a key set of tools and skills to interact effectively across cultures, that will best deliver quality care in this time of healthcare transformation. ■

Alexander Green, M.D., M.P.H., is associate director at the Disparities Solutions Center at Massachusetts General Hospital and Arnold P. Gold associate professor at Harvard Medical School in Boston, Mass.

The Bortz prescription

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and Psychology] Albert Bandura's theme of self-efficacy—how you're not going to do anything unless you own it, you have to understand it. It takes small steps of mastery, peer examples, social persuasion and diminishment of cues of failure.

We can change. We got people to stop smoking, that's a nice case example. We have to change the norm, we have to make moving important. I, of course, in my lighthearted way, would like to implant a pedometer in everyone's chest and on the 14th of April check that pedometer. If you put in a certain amount of steps you would pay less in taxes!

AT: Please comment on the role social class and the dearth of options in bad neighborhoods might have on eating poorly or not exercising?

WB: It's our responsibility, those of us privileged by birth, we have an obligation to get [the information] out. I love talking to grade-school kids, telling them that one in three of you will get diabetes if you don't move. Diabetes prevention is a simple contract between calories and movement.

> 'Hermits don't do well—they're disengaged.'

I gave a major address to the American College of Sports Medicine recently, called "It's Never Too Late." Where did we get the idea that when we're 65 we can lay back and let the world take care of us? We must keep moving in order not to be a burden, but a resource. I don't want my kids wiping my nose, that's my job.

AT: Some say the key to successful aging is social interaction. Where do you feel it falls on the spectrum of importance to aging well?

WB: My central word is engagement: it works up and down the hierarchical scheme—muscle, bone, personal. Hermits don't do well; they're disengaged. In the disengagement theory of aging, when you stop interacting you lose those interfaces. Social engagement is hugely important.

AT: Do you have one piece of advice to impart to our readers, who are professionals in the field of aging?

WB: Encourage walking. If I could pass a single bill that would augment all my community efforts to get people to move, I'd increase the gas tax—and ban elevators and escalators.

AT: Do people get upset with you about your stance?

WB: Sure, because I overstate my positions all the time. I write a column for *The Huffington Post* and only one ("Obesity Is Not a Disease," 2013; *http://goo.gl/sUS3sd*) got any major response. It was when I said that bariatric surgeons are guilty of malpractice. It's the wrong way to lose weight. The way to do it is through diet and exercise. ■

Fernando Torres-Gil

› CONTINUED FROM PAGE 1

Calif., where my mom, a single mother, raised her nine children in the town's public housing projects, and San Francisco, where I spent a good portion of my youth at Shriners Hospital.

At six months, I contracted polio, and thanks to the kindly Dr. Englehorn, who happened to be a Shriner, I was referred to the San Francisco unit at age 2. I was paralyzed and unable to use my legs. Dr. Englehorn advised my mom that I should focus on education rather than working in the fields like the rest of my family. Therein began my first experience with aging, as I was continually around older persons—the doctors, nurses, janitors and others who took an interest in my education and development.

After spending from ages 2 to 16 years in hospitals, and through the generosity of the Shriners organization, I could walk, albeit with assistive devices, and gain a measure of independence. I realized many gifts from that experience, including learning how to handle adversity with good humor. I credit this experience with my educational success; I would return after long absences from mainstream K–12 schooling and I was always ahead of my fellow students because of receiving home-schooling, personalized attention and mentoring. My mother fought the school district to keep me with the 'normal' kids, saying, 'There is nothing wrong with his mind, only his legs.'

A very strong influence in my life was my grandmother, Andrea Arredondo Raya. She and her husband fled the Mexican Revolution, came to California, worked and sacrificed for their 10 children and built a good life. She was my physical therapist, *curandera* and rehab expert. At age 65, after attending Salinas High School adult education programs, she achieved her dream of U.S. Citizenship!

> I feel good about being a 'Johnny Appleseed'—informing the public about the trends of aging, longevity and diversity.

Another great hero was my mom. She gave up her dreams and goals to raise her nine children. After our 'father' abandoned the family, she put aside her pride and enrolled us in AFDC (the old welfare program), got us into public housing and ensured we were not latch key kids. She was a strict disciplinarian and instilled in us the values of hard work, education, reciprocity, religion and patriotism. My mom was a community organizer; she organized the housing project residents, established an advisory council, pushed the school district to provide school buses and brought the first Girl Scout troop to the housing projects.

Her nine children all have gone to college, are successful professionals and have good lives. Earlier this year, my siblings, relatives, former residents and dignitaries, including Leon Panetta, gathered at that public housing project to celebrate the grand opening of a new residential village. A beautiful community center was dedicated and named after our mom: 'The Maria J. Torres-Gil Community Center.'

These were the early major influences that have shaped my commitment to the fields of health and long-term care, disability policy, honoring elders and giving back to my country and community.

AT: What prompted you to enter the field of gerontology and what is your driving passion now in this stage of your career?

FTG: Jim Schulz, my advisor at the Heller School, Brandeis University, asked if I wanted to be part of a student evaluation team for a conference in Washington, D.C., so off I went to the 1971 White House Conference on Aging. I already was an organizer for the United Farm Workers, and on arrival I particularly noticed demonstrations and protests by minority groups and a march being led by a loud, boisterous old lady by the name of Maggie Kuhn. This was my first exposure to gerontology and geriatrics, and my introduction to its legendary pioneers. I was a 22-year-old who had no idea who these people were or what the field of aging was about, but my natural inclination was to join these groups.

I was in Arthur Fleming's office—he was the Executive Director for the 1971 White House Conference—when minority advocates and protestors stormed in, demanding more sessions on minority aging, for the program to be in Spanish and English and, most importantly, demanding more minority delegates.

Fleming acceded to everything, saying, 'I hereby appoint each of you in this room as a delegate to the 1971 White House Conference on Aging!' I became an official delegate, and have been involved in every subsequent Conference.

I was hooked on this exciting new field, but my fellow Latino students would ask: 'Why would you want to go into such a depressing field?' I told them it fascinated me, and even if I did not get [that] big [prestigious] job, I wanted to learn and be a leader in aging. Those pioneers, Maggie Kuhn, Hobart Jackson and Arthur Fleming, became my mentors, role models and friends.

AT: What has been the most significant change in the field of aging since you began your career?

FTG: The rise of technology and biomedical products and innovations; the use of social media and new forms of communication; and 'wonder drugs.'

The growth of the older population and the mainstreaming of aging issues: We knew and expected these trends, but their ultimate impact on public perceptions, media and the overall 'trendiness' of aging has been amazing. But there's a downside: aging is no longer the sole purview of gerontologists, the aging network and advocates. We have corporate and private sectors, pundits, elites and others weighing in. In many cases, they are influencing developments in aging more than those of us trained in the fields of gerontology and geriatrics.

Another major [and significant] change is diversity and the move toward a majority-minority nation.

Elder longevity and longevity for the younger disabled—this latter trend leads to a constituency of disability rights advocates seeking to adjust to the brave new world of senior programs. This has caused some uneasiness among disabled and senior advocates, but they are coming together.

AT: What are the biggest challenges facing the field of aging and the aging services sector?

FTG: The growing social and economic disparities among aging baby boomers, plus the demise of a robust social safety net, is leading to the potential rise in the number of vulnerable elders. I see this among family and friends—the real likelihood of their impoverishment in old age, faced with chronic conditions and lack of savings and social supports.

Caregiving and America's inability to accept the need for public home- and community-based services and financing are real pending crises; also the demise of pensions and retirement security and the huge numbers of baby boomers without sufficient savings or defined benefit plans.

AT: Reflecting back on your many years in this field, what would you say have been your most meaningful and important contributions and work?

FTG: I'm almost 66, and as I look back I feel really good about what I have tried to do, including being a 'Johnny Appleseed'—informing the public about the trends of aging, longevity and diversity; using my government appointments to support vulnerable elders and the disabled; and orchestrating a successful 1995 White House Conference on Aging.

> Aging is no longer the sole purview of gerontologists, the aging network and advocates.

Being an advocate and policy maker: As a White House Fellow, I was responsible for refugee programs in the Department of Health, Education and Welfare (HEW) back in 1979. It was August, and the Secretary and senior officials were on a fact-finding mission to China. I received a call from the White House: 'We have a crisis, refugees from Vietnam are fleeing in boats and facing piracy and drowning ... we need to decide if the U.S. Navy should rescue them ....'

Without guidance or authorization, I decided to attend a meeting with the Vice President, Chief of Staff of the Defense Department and other officials. I voted 'yes' on behalf of the Department (HEW), which meant that HEW would be responsible for resettling these refugees. When I returned to HEW, I was admonished by senior staff that I had no authority and was in deep trouble. But I did what I felt was right. Later, Secretary Califano commended me—and that is how many Vietnamese families in California came to settle here and contribute to this country.

AT: And personal milestones?

FTG: Making my mom proud! And meeting my wife: having her love and support made it possible for me to do all that I do.

There are many other things I feel really good about, but one particular accomplishment brought it all together: Receiving the 2013 John Gardner Legacy Award for Leadership, given by the White House Fellows. For me, this award was the ultimate recognition by my peers, and a validation of all the things I have done. ■

Brain Health Forum
revisits past, predicts future study

On Saturday, March 15, during the 2014 Aging in America Conference in San Diego, nearly 300 conference-goers gathered for the National Forum on Brain Health, underwritten by a grant from MetLife Foundation and developed through the ASA-MetLife Foundation MindAlert program, now in its 14th year.

Dr. Paul Nussbaum, clinical neuropsychologist and president of the Brain Health Center in Wexford, Pa., launched the Forum by revisiting the historical perspective on what we used to believe about the rather fixed state of adult brain health. Today, we're aware of neural plasticity and the benefits we can affect in our brains through maintaining a healthy lifestyle.

"Brain health has developed in significant ways during the past decade, and the Forum on Brain Health has played a major role in keeping everyone up to date on the latest scientific findings and applications in society," Nussbaum noted.

For Nussbaum, the five key pieces of a brain healthy lifestyle are nutrition, socialization, mental stimulation, spirituality and physical activity. This is heartening in that many factors of maintaining a healthy brain are, happily, within our control.

Nussbaum believes that the next 25 years will bring a new and clearer understanding of the power of the human brain and our ability to harness and use this energy source to transform civilization.

Nussbaum then introduced ASA's 2014 MindAlert Award Winner, Mind Matters, a program of the North Shore Senior Center's House of Welcome Adult Day Services in Northfield, Ill. (See story on page 16.) Julie Lamberti and Barb Brandt described the program, geared toward people with early memory loss.

> 'The field is moving toward preserving neuronal populations, and our brain structure.'

"There's a huge creative arts therapy component in our day program," Brandt said. "Dance movement, art, music therapy are all a part of it." The program offers multiple opportunities for participants to socialize, learn about memory loss and discuss concerns they may have. "One of the early symptoms of early-stage dementia is withdrawal. Joining a group addresses this issue," said Brandt.

So often, there are support groups for the family, but none for the person who has just been diagnosed with dementia. At Mind Matters, "people challenged with the disease have a chance to share with each other," Brandt added.

Dr. Mark Bondi, a professor of psychiatry at the University of California, San Diego, then took the podium to update the audience on the most recent criteria for diagnosis of Alzheimer's and mild cognitive impairment. The original diagnosis model envisioned Alzheimer's as a period of normalcy, followed by the earliest manifestations of the disease, then mild cognitive impairment, and only when the disease became sufficiently severe was a dementia diagnosis assigned.

Photo: Sandy Huffaker

Dr. Paul Nussbaum addresses an audience question at the National Forum on Brain Health, at the Aging in America Conference.

Twenty-five years into this diagnosis method, researchers discovered disease biomarkers, which help mark its progress. "We now examine for change over time," Bondi said. "Especially if the family is suspecting there is decline, then documentation over time is crucial."

In the 1990s, researchers identified the tangle pathology in Alzheimer's, launching a new era of research into dementia that centers on amyloid and tau tangle imaging.

At Harvard, neurologist Dr. Reisa Sperling is pushing recognition of the disease back to its pre-mild cognitive impairment stages, in hopes that one day we might have an effective preventive treatment. "The field is moving toward preserving neuronal populations, and our brain structure," said Bondi.

Another essential change made to the existing diagnosis model incorporates brain resilience and patient history and shows that genetics, brain resilience and high-risk lifestyle can lead to an earlier expression of Alzheimer's—a revelation that underscores Dr. Nussbaum's passionate preaching of adopting a preventive lifestyle in order to maintain a healthy brain. ■

Southwest offers opportunities
for students to attend Aging in America

For the past seven years, Southwest Airlines generously has provided airfare scholarships to a number of attendees at Aging in America. This year, they allocated a large portion of their gift to graduate and undergraduate students in gerontology, social work and other fields related to aging, and eight graduate and undergraduate students were awarded tickets based on answers to essay questions posed by ASA.

The breadth and depth of experience represented by these winners is impressive, and serves as a good snapshot of ASA's larger membership.

"The award from Southwest allowed me the opportunity to meet leaders in the field of aging, as well as listen to many innovators' perspectives on how to face the challenges we as professionals face," said Meghan Hendricksen, one of the graduate students who was able to attend the Conference.

Hendricksen is a recent Master's of Public Health graduate from George Washington University in Washington, D.C., with a concentration on community-oriented primary care. For the past year and a half, she has been working as a research assistant for the Altarum Institute's Center on Elder Care and Advanced Illness, also in Washington, D.C.

"The connections made with other ASA members, as well as the opportunity to present at the Conference, have had a positive impact on my career, and I look forward to visiting the Conference again in 2015 to see all the advances we've made," Hendricksen added.

Cindy Bautista, L.C.S.W., is associate director of field education at Columbia University's School of Social Work, and worked for years for the New York City Board of Education as a bilingual social worker, faculty trainer and parent and student advocate. She's also an Urban Education doctoral student at the City University of New York Graduate Center, exploring the role of school social workers and their impact on intergenerational Latino families and academic outcomes.

"As a result of attending the Aging in America Conference, I look forward to implementing new initiatives with our students and community-based organizations at Columbia School of Social Work. I am grateful to have gotten the Southwest roundtrip tickets, and thank you for the opportunity to attend a fantastic Conference!"

Undergraduate student Linda Kincaid first became interested in elder abuse through advocating for her mother. She now writes about elder issues for Examiner.com, and is a paralegal student at De Anza College in Cupertino, Calif., who focuses on elder rights and elder justice. Co-founder of the Coalition for Elder and Dependent Adult Rights, Kincaid holds a Master's in Public Health from the University of California, Berkeley. Of her Conference experience, she says, "I especially benefitted from connecting with a gentleman who has been effective in moving San Diego County to enact and implement more effective oversight of residential care facilities.

Photo: Courtesy Cindy Bautista

Southwest ticket winner Cindy Bautista.

"Inspired by his example and other similar examples, I am now active in driving policy at the county level and legislation at the state level. Just this week, I attended a number of hearings in Sacramento and supported legislation in favor of elder rights and increased oversight in long-term care. I am delighted to report that the bills we supported are moving forward with bipartisan support."

ASA is proud to have been able to foster these women's careers working with older adults through the generosity of Southwest Airlines. Resources for students, including the application link to the 2015 Aging in America Conference, can be accessed at *http://asaging.org/aia-students*. ■

New programs connect elders to
a network of love, friendship and support

Remaining connected to others is of vital importance to older adults, especially for those who live alone. Two national programs currently are working to foster such connection for elders.

The AARP Foundation's Connecting to Community (C2C) (*http://goo.gl/iEX8CZ*) provides low-income older adults with technology training to help them negotiate the Internet and social media. Program participants are jubilant over their newfound abilities to connect with grandchildren and great grandchildren through e-mail, online video and Facebook, and remain in touch with newly made friends from the C2C classes.

"It changes the whole conception of one's day to listen to a treasured family member," says Ruth Schoon, a recent C2C program participant.

So far, C2C has connected about 150 elders in Washington, D.C., and in Sioux Falls, S.D.

SAGE (Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders) has a digital storytelling program online with photographic, video and written essays on elders' experiences negotiating life as an LGBT person (*http://goo.gl/4FXKVH*). The program provides a powerful lens through which younger generations and the public can learn about the struggles and triumphs of the LGBT community via an up-close, honest depiction of individuals' journeys. ■

Award-winning MindAlert program supports people with early memory loss and their families

Mind Matters, a program of the North Shore Senior Center's (NSSC) House of Welcome Adult Day Services in Northfield, Ill., is the 2014 MindAlert Award winner. The ASA-MetLife Foundation MindAlert Award program recognizes innovative mental fitness programs developed by nonprofit organizations.

MetLife Foundation

Support programs for families of people with Alzheimer's disease or other dementias are relatively common. But in 2008, with increasing education about the need for early testing and diagnosis of dementia, combined with the relative lack of support programming for people with early memory loss, Julie Lamberti and Barbara Brandt at the North Shore Senior Center's House of Welcome Adult Day Services felt the timing was perfect to begin Mind Matters.

Secured by seed funding from the Brookdale Foundation and now supported by the Martin and Mary L. Boyer Foundation, Mind Matters is designed to support the social, educational and emotional needs of people with early memory loss. It also serves as a support for family caregivers, and gives attendees an opportunity to socialize, learn about their memory loss, discuss concerns and support existing cognitive abilities.

Arts Programming a Key Component

Based on Gene Cohen's 2006 groundbreaking research into arts programming and its positive effect on elders' physical and mental health, Mind Matters (based just outside Chicago) has a strong creative arts component, with art, music and dance therapists on staff. The program meets separately from NSSC's adult day program, and Mind Matters participants must be aware that they have early memory loss and be willing to talk about it. They also must be able to communicate in a group setting, perform activities of daily living, be fully independent, and physically and medically stable.

"This is early on in the disease process," said House of Welcome's Director Lamberti, of when people enter the program. "Some [participants] are still working and driving."

Mind Matters runs twice a week, from 10 a.m. to 3 p.m., and hews to a rather rigorous schedule. The morning begins with word games and progresses to group cognitive exercises, creative arts therapies (painting, poetry, music, dance) and reminiscence work. There is a support group during which staff checks in with participants, and leads a discussion on the theme-of-the-day topic. Sample themes are "right brain vs. left brain" or "stress management" and real-life concerns are always discussed. Many topics recur, such as the loyalty of friends after a cognitive deficit diagnosis, and the potential of moving to a retirement community.

Photo: Sandy Huffaker

Barbara Brandt, left, and Julie Lamberti with the MindAlert Award at the Aging in America Conference.

Post-lunch activities include a walk, more cognitive exercises, yoga or tai chi, and an end-of-day wrap-up that revisits the day's theme topic. Attendees are given tips to continue their cognitive work at home.

"Mind Matters is a safe, supportive environment in which to address [participants'] concerns, be proactive and ... enjoy the camaraderie of others facing similar challenges. Care partners are pleased that their family member has a program that they can call their own. They ... value the support and education ... [and] an added benefit is that couples make connections through the program and friendships develop," says Lamberti.

Although NSSC doesn't have the resources to do an official research study of the Mind Matters program, anecdotally they can show that some participants have maintained or improved cognition scores on the Saint Louis University Mental Status Examination (SLUMS), which is administered every six months.

"[The program] has helped me be more accepting of my memory loss problems, and be knowledgeable [about] how I can help myself," said one participant.

Pragmatic Counseling for Participants and Families

Once a month, a support group for families of Mind Matters participants is offered. Program Manager Barb Brandt, a licensed clinical professional counselor, facilitates this group and provides supportive case management for the program's participants and family members. Every six months Brandt meets with families for a more extensive review of participants' progress.

Support group discussions often focus on topics like driving, planning and decision making. Because attendees are in early stages of dementia, they are still able to help with decisions about their later life, such as setting up future housing that includes a memory unit, or writing advance directives.

Some Mind Matters participants show maintained or improved cognition scores on the SLUMS exam, which is administered every six months.

Generally, people with early memory loss spend about two years in the Mind Matters program before they have to transition. Lamberti and Brandt carefully plan for the day when participants may need to transition into the adult day program, when they are no longer independent enough or cannot keep up with class exercises.

"When the cognitive exercises become more frustrating than beneficial, then we know it's time," says Brandt about this transition. But having spent time at the adult day program during special programs, Mind Matters participants are more comfortable with the transition.

"I came to this class with a resentment," said one attendee. "But I learned that it was so easy to express ourselves. It made me understand what was happening to me."

Added another, "My mind is challenged. My heart is full." ■