

preserving your

# Memory

The Magazine of Health and Hope

## Kathy Mattea

Her Music, Her Personal Journey  
with Alzheimer's

**Save Money on  
Medication**

Our Experts Tell You How

***I Still Do***

An Artist Photographs Her Husband

**The Value of Volunteers**

Meet the Seniors Who Are  
Showing the Way



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All Users

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BetsyMorn says

**Much better today....I think the meds are finally starting to help**  
BetsyMorn says

**How's your mom?**  
BetsyMorn says

**Still has her great sense of humor!**  
HomenChicago says

**Will you be on same time tomorrow? I have to run....**  
BetsyMorn says

**NP - see you then!**

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Looking for Help With Story	None	Journalist2	Oct 16, 2007	0	No comments yet
Finding a "Good" Nursing Facility	None	Heidi	Oct 6, 2007	3	2 hours ago by ztaa
Short Term Care	None	Heidi	Oct 8, 2007	1	on Oct 9 by Marc
new to alzheimer's	None	lynn31	Oct 7, 2007	2	on Oct 8 by Heidi
Help for Dementia Caregivers	None	Adus	Oct 8, 2007	2	on Oct 9 by Adus
my mom is driving me crazy	None	yelle	Oct 4, 2007	2	on Oct 5 by Adus
Other On Line Chat Sites	None	Yae	Oct 4, 2007	1	on Oct 5 by Marc
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Her Husband is a Stranger Now, What to do?	None	BalmsMar	Oct 5, 2007	1	on Oct 2 by Tragic-He
How to convince them to move into Assisted Living	None	Clair	Oct 1, 2007	3	on Oct 4 by Chanatmich
my man	DSC00113.JPG	msicol	Sep 27, 2007	3	on Oct 3 by Marc
how to support a caregiver overseas	None	sgean	Sep 28, 2007	3	on Oct 1 by sgean
early onset alzheimers	None	Cynth	Sep 23, 2007	4	on Oct 7 by lynn31
Any Chats?	None	Tamm99	Sep 21, 2007	2	on Sep 22 by kash
Staying in bed	None	Thornid	Sep 18, 2007	1	on Sep 22 by shel
Alternative treatment	None	rszar	Sep 15, 2007	1	on Oct 3 by Yae
new to group	None	rszar	Sep 15, 2007	1	on Sep 23 by Marc
Dementia	None	Tamm99	Sep 14, 2007	4	on Sep 14 by Orion
What if you have to leave them alone	None	Heidi	Sep 13, 2007	1	on Sep 30 by curlesto
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Visit ALZTalk.org for the most comprehensive Alzheimer's community resource online. Brought to you by the Fisher Center for Alzheimer's Research Foundation and ALZinfo.org

\*Content has been altered to protect user identity and data.

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Photo: James Minchin

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# preserving your Memory

The Magazine of Health and Hope



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## Bundle Up with Our Winter Issue

For many of us, it's much colder outside this time of year. And that's all the more reason to draw closer to our loved ones inside.

The winter issue of *Preserving Your Memory* will help strengthen family bonds. Don't miss the poignant photography of Judith Fox, a celebrated artist who has just published *I Still Do*, a volume featuring her photographs of her husband as he battles Alzheimer's disease. If Retirement Living TV is part of your television provider's package, be sure to look out for *Not Fade Away*, the new special on Alzheimer's that is currently airing.

We celebrate the accomplishments of senior volunteers, whose work is touching the lives of people of all ages, as we celebrate the MetLife Foundation's annual Older Volunteers Enrich America Awards, given each year by the National Association for Area Agencies on Aging.

In our cover story, Grammy-winning country/folk recording artist Kathy Mattea tells us about more than 25 years as a celebrated musician, her most recent CD release about her West Virginia home (*Coal*), and her own family's battle with Alzheimer's. Kathy lost her mother and an aunt to the disease, and another aunt was recently diagnosed.

Need some healthy ideas for recipes? CRL Retirement Centers are serving up delicious menu for their residents, and they share a few recipes with us.

We hope your winter is a time of warmth and togetherness, and we hope that *Preserving Your Memory* is part of your winter, too.



**Betsey Odell**

A handwritten signature in blue ink that reads "Betsey Odell". The signature is fluid and cursive.

Please send your tips, stories or questions to the Fisher Center for Alzheimer's Research Foundation, West 46th St. & 12th Ave., New York, NY 10036, or by e-mail to [betsey@alzinfo.org](mailto:betsey@alzinfo.org).

**Betsey Odell**  
**Editor in Chief**

### Correction

In the Fall 2009 issue of *Preserving Your Memory*, the article "Memory and Aging on Exhibit" (pp. 12-13) contained an error. The sentence, "The exhibit was initially funded by a grant from the National Science Education Partnership, part of the National Science Foundation," should have read, "The exhibit was initially funded by a grant from the Science Education Partnership Award (SEPA), part of the National Institutes of Health (NIH)." We regret the error.

### About the Fisher Center for Alzheimer's Research Foundation

Since 1995, the Fisher Center Foundation, a 501(c)(3) nonprofit organization, has been providing hope and help to the public by funding research into the cause, care, and cure of Alzheimer's disease and creating much needed educational programs. We are the world's largest research team leading the battle against Alzheimer's disease. Our team of internationally renowned scientists, under the direction of Nobel laureate Dr. Paul Greengard, has been at the forefront of research that has provided a conceptual framework for modern-day investigations into Alzheimer's disease. Oprah's *O Magazine* lists us as the top charity to give to for Alzheimer's. For more information or to make a donation, go to [www.ALZinfo.org](http://www.ALZinfo.org).

# The Latest News on Alzheimer's Disease and Brain Health

## Brain Protein May Counter Effects of Beta-Amyloid

Beta-amyloid is a protein that, when working normally, helps calm the brain's neurons from the effects of overstimulation when neighboring neurons are sending signals. But in people who develop Alzheimer's disease, too much beta-amyloid accumulates in the brain, slowing neurons to the point where they become unresponsive to signals, leading to many cognitive problems, including loss of memory.

Researchers at the University of Texas Southwestern Medical Center found that another brain protein, Reelin, works to counter the effects of beta-amyloid in the brains of laboratory mice, keeping the neurons active in spite of the overabundance of beta-amyloid. When researchers added more Reelin to animal models, they found that it stimulated the neurons that were otherwise silenced by the excess beta-amyloid. Reelin does this by attaching to a protein called the ApoE receptor on brain cells. The ApoE receptor is part of the signaling pathway that keeps the neurons firing strongly.

"If we can identify a mechanism to keep the nerve cells functioning strongly, that might provide a way to fight Alzheimer's disease," said Dr. Joachim Herz, professor of molecular genetics and neuroscience at UT Southwestern and the study's senior author. "These results imply that Reelin, ApoE and beta-amyloid converge on the same molecular mechanism, which is critical in the Alzheimer's disease process, and Reelin may be a



Oleocanthal, a compound in olive oil, shows promise as a new direction in Alzheimer's research.

common factor. This study establishes a rationale that ApoE receptors have an action that can keep the Alzheimer's disease process at bay by preventing damage in the first place."

## Olive Oil Compound May Help Prevent Alzheimer's Development

You have probably heard that olive oil is generally good for your health. A key compound in this popular cooking oil plays an important role in preventing buildup of an Alzheimer's-related protein in the brain's synapses, according to researchers reporting findings in the journal *Toxicology and Applied Pharmacology*. William L. Klein of Northwestern University and Paul A.S. Breslin of Monell Chemical

Senses Center led the study.

Amyloid beta-derived diffusible ligands (ADDL) is a toxic protein that can bind to the synapses between the brain's neurons, disrupting the function of the nerve cells and eventually causing cell death, which leads to memory loss. "Binding of ADDLs is thought to be a crucial first step in the initiation of Alzheimer's disease," said William L. Klein in a statement. "Oleocanthal alters ADDL structure in a way that deters the protein from binding to synapses that allow the nervous system to connect." Oleocanthal is a natural organic compound isolated from extra virgin olive oil.

## A Good Night's Sleep: Does It Help in Fighting Alzheimer's?

Scientists already knew that poor sleep is a common occurrence among Alzheimer's patients. But recent research indicates that poor sleep may cause changes in the brain that might heighten the risk of Alzheimer's.

Researchers at Washington University in St. Louis used mice that have been engineered to develop beta-amyloid plaques similar to those found in the brains of Alzheimer's patients. Although all of the "Alzheimer's" mice developed plaques, the plaque levels were markedly higher among mice that were deprived of sleep, compared with mice that slept normally. The reason that sleep deprived mice appeared to have developed more plaques is that wakefulness was shown to correlate strongly with higher beta-amyloid levels, and sleep correlated strongly with

lower beta amyloid levels. In addition, a molecule in the brain known as orexin, which is important in regulating the sleep-wake cycle, appeared responsible for regulating beta-amyloid levels.

“We didn’t know that beta-amyloid levels would coordinate with sleep and wakefulness,” said David Holtzman, a neurologist and neuroscientist at Washington University and principal researcher in the study. “We just knew beta-amyloid levels fluctuated.”

The research was reported in the September issue of *Science*.

### **New Report: Alzheimer’s Should Be ‘Priority’**

An official report to the World Health Organization urges the United Nations agency to make Alzheimer’s disease a global priority.

*The World Alzheimer Report*, released in September 2009, predicts that 35.6 million people will be affected by Alzheimer’s by 2010. Longer life expectancies in developing nations explain part of the problem, along with increased rates of diabetes, high cholesterol and obesity, the report notes.

One of the report’s authors, Dr. William Thies of the Alzheimer’s Association, is calling for the U.S. government to increase research funding dedicated to investigating the disease from its current level of just over \$400 million to just over \$1 billion.

### **Memory Loss May Not Be the Earliest Indicator of Alzheimer’s, Study Finds**

Researchers at the University of Kansas recently found that changes in cognitive abilities other than memory loss can be earlier indicators of the development of Alzheimer’s disease.

In a long-term study of 444 individuals from 1979 to 2006, scientists observed that other cognitive skills

showed signs of deterioration before the telltale memory loss often associated with Alzheimer’s. After they were enrolled, study participants were tested in four areas of cognitive ability: global cognition, verbal memory, visuospatial skill (i.e., how well a person can tell how objects in view relate to each other) and working memory. Participants were given the tests at least once more over the course of the study.

Researchers found that the decline in visuospatial skills preceded a decline in memory. “A novel finding was that visuospatial abilities demonstrated an inflection point [sudden change to a steeper slope of decline] three years before clinical diagnosis,” wrote the authors.

Because early diagnosis is a critical factor in managing the treatment of Alzheimer’s, these new findings may help doctors assess the onset of the disease sooner, resulting in more effective treatments.

### **Scientists Discover Method for Removing Amyloid Plaques**

Amyloid plaques—the proteins that collect in the brains of Alzheimer’s patients—can be removed by a technique that energizes microglia, the brain’s immune cells, according to research published in *The FASEB Journal*, from The Federation of American Societies for Experimental Biology.

Scientists at the Mayo Clinic in Jacksonville, Fla., discovered to their surprise that a protein called interleukin 6 (IL-6) can trigger the brain’s immune response against the plaques. The goal of the research was to study IL-6’s role in stimulating inflammation in the brain, which could make the disease worse. The mice used in the study were a model of Alzheimer’s disease in that they were bred to produce amyloid plaques.

“This model is as close to human pathology as animal models get. These results give us an exciting lead to newer,

more effective treatments of Alzheimer’s disease,” said Gerald Weissmann, M.D., Editor-in-Chief of *The FASEB Journal*. “This study demonstrates that investment in experimental biology is the best way to approach the challenge posed by an aging population to the cost of health care.”

### **New Location Device Integrated with 9-1-1 Locates Wandering Individuals**

EmFinders, a Frisco, Texas-based company, has announced the release of EmSeeQ, a wrist-worn device that delivers location information to emergency responders when a wandering individual is reported missing.

EmSeeQ works by triangulating the wearer’s location through the cellular tower network regardless of where the person is located. By using this system instead of GPS, many sources of satellite interference, such as buildings, bridges, heavily forested areas and other environments that typically challenge GPS location, are avoided.

The device is powered by a rechargeable battery and is controlled remotely through the secure EmFinders operation center. When the battery reaches a critically low level, the operations center notifies the caregiver via e-mail, text message or phone call.

Only emergency responders that are contacted via 9-1-1 have access to the individual’s location. EmSeeQ does not operate until the caregiver requests it.

EmSeeQ is available in several adjustable band styles, including a secure type that the wearer cannot remove without assistance. For more information, visit [www.emfinders.com](http://www.emfinders.com) or call 1-866-426-3386. ■

*Check the Fisher Center website ([www.ALZinfo.org](http://www.ALZinfo.org)) often for up-to-date and expert-reviewed scientific news.*



# Save Money on Meds

Tough economic times combined with limited incomes make buying prescriptions and medical supplies challenging, to say the least. With a little work, however, there are ways to save money on getting what you need without breaking the bank.

By Jennifer Newton Reents, R.N.

## Free samples

“Before you’re put on a new prescription, ask your doctor for free samples of the medication being prescribed,” suggests Pharmacist Paul Reyes, who works with Medco, a pharmacy benefit manager (PBM) headquartered in Franklin Lakes, N.J., and host of the nationally syndicated radio show “Ask the Pharmacist.” “This can be especially helpful if you are starting a new medication and need to determine whether or not it will work properly.”

## Go Generic

Reyes also suggests purchasing generics instead of brand name drugs.

“If you’re uninsured, this can make a difference of hundreds of dollars in some cases. But even if you have health insurance, the difference in co-pays can be significant even for one medication,” Reyes says. “And when you take multiple medications, that difference can add up to big savings.”

But are generics as safe and effective as the brand names? Reyes says generic medications use the same active ingredients as brands and are approved by the U.S. Food and Drug Administration to be equivalent to brand-name meds in treating the same medical conditions.

“The generic manufacturer must provide evidence that their product has the same active ingredients and works the same way in the body as the brand name drug. Often, the non-active ingredients may make the product a different color, shape or size,” Reyes says.

But not all pharmacists agree. Dan Steiber, a registered pharmacist and pharmaceuticals consultant in Plano, Texas, says not all lookalikes are alike. “In pharmaceutical generics,



A little advance planning can help keep prescription costs from breaking the budget.

the FDA allows a variability of up to 30 percent between the brand name and the generic,” he says. “When buying a generic, make sure that the pharmacist is using a product from a reputable source. With the advent of \$4 prescriptions, over 65 percent of all prescriptions being dispensed are filled with generics, so as a consumer make sure you are asking your pharmacist good questions. Pharmacists are highly educated professionals who are the medication experts.”

So why so cheap? Brand-name manufacturers typically receive a patent from the FDA that provides them with exclusive rights to manufacture and market a medication for a given time. After that, companies that make generics can produce the same medication, but without conducting all the research that went into making the drug initially, passing the savings down to the consumer.

If your medication doesn’t have a generic equivalent, there might be similar medications in the same category that do have a generic. “These are often referred to as generic alternatives, which may be used to treat the same conditions and



symptoms as brand name drugs, but simply use different active ingredients,” Reyes says. “If cost is a concern, ask your prescriber or pharmacist if a generic alternative is right for you.”

## Shopping Around

It can take a little time and energy, but it pays to shop around when filling your prescriptions. Reyes says what you pay at one pharmacy can be drastically different at the pharmacy down the road. Take some time to call around and ask both the retail price as well as the price you will pay once your insurance company pays their part, if applicable.

Reyes says some states have programs that compare prices for consumers, so check your state government website or call your district’s U.S. Congressional office to see if such a state-sponsored comparison exists, he adds.

## Purchase What You Need

Reyes says it is common for a patient to have a short-term problem—sleep, heartburn, anxiety—yet continue purchasing the medication for a problem that may no longer exist. “Make sure your doctor wants you on your current meds long term,” he adds. “In other words, get a checkup at least once a year. This can keep your money in your pocket instead of in your medicine cabinet.”

## Coupons and Discount Cards

For those without insurance, many pharmacies offer prescription discount cards. There is often an annual fee—about \$25 a year—but the card provides significant savings, Reyes says. Ask your pharmacist if your pharmacy has such a program or if he or she knows of one offered by an independent company.

Drug makers also often offer coupons to help you pay for your insurance co-pay or reduce the retail price. Reyes says not all pharmacies will honor manufacturer programs, so ask your pharmacy if they do before filling your prescription there. Many drug makers also offer assistance programs to help people who are struggling to pay for medications. Make sure to read the fine print, however, because many of the programs do not provide discounts for medications covered under Medicare or other federal programs.

Reyes says some retail pharmacies will waive your co-pay or offer you a store gift card if you transfer your prescription from another pharmacy to theirs. “But be careful,” he says. “These are often limited-time offers.”

## Try Mail Order

Many health insurance companies and other private companies providing pharmacy benefits offer mail-order services that can save you money. Typically, mail-order companies will

fill a prescription for 90 days instead of 30 for one flat rate, which is often significantly less than what you’d pay for a full 90-day supply via refills. This option is best for medications you take or covered medical supplies you use regularly.

## Go Big

You don’t have to have a membership at warehouse retailers such as Sam’s Club or Costco to fill your prescriptions there. That’s good news, because these and other membership retailers offer significant savings on prescription medications. If you’re pricing your prescriptions in search of the best deal, don’t forget to call these retailers. If you do have a membership at a membership warehouse store, consider also purchasing over-the-counter (OTC) medications there.

“Typically the quantities that must be purchased are larger than what one would find in a retail setting, but the savings are passed on,” Steiber says. “One large big box retailer has a policy and a cap on how much they are willing to charge for a product so they pass real savings on to a customer. With their private label products, the membership clubs often use the same actual brand companies as the manufacturer, so no trade-off in quality exists. The savings can be substantial.”

Don’t let your prescription prices bring you down. After all, your medications are there to help you, not burden you. With a little effort, you can lower the costs of your medications and supplies, and keep a little more cash in your wallet, where it belongs.

## Helpful sites

Be sure to check these sites for coupons and programs that might help you lower the costs of the medications you need:

- **Drug coupons:** Internet Drug Coupons is a portal to the many manufacturer coupons available for prescription and OTC medications, as well as medical supplies and other health-related products. [www.internetdrugcoupons.com](http://www.internetdrugcoupons.com).
- **Medication and healthcare cost assistance:** NeedyMeds.com is a 501(c)(3) non-profit that offers free help to people who cannot afford medicine or healthcare costs. The information at NeedyMeds is available anonymously and free of charge. [www.NeedyMeds.com](http://www.NeedyMeds.com).
- **Partnership for Prescription Assistance Program:** The PPA, a nationwide program sponsored by America’s pharmaceutical research companies, provides a single point of access to more than 475 patient-assistance programs that help those who are uninsured or struggling financially. The pharmaceutical companies provide nearly 200 of these programs themselves. To find out if there are patient-assistance programs that may meet your needs, call toll-free 1-888-4PPA-NOW (1-888-477-2669) to speak with a trained specialist or visit [www.pparx.org](http://www.pparx.org). ■



What Ed wants most is friends, buddies, the kind of men who used to gather around him when he was president of a university and a hero on the golf course. What he wants is to sit over a beer with these men after a game of golf and talk about politics, business, and sports.

He wants his old life back.

# Focusing on Love

Book Marries Pictures with Words  
in Honor of a Spouse's Battle with AD

By Mary Adam Thomas  
Photos and captions by Judith Fox

In the photograph, a silver-haired man sits alone at a small outdoor table, surrounded by oversized concrete tiles whose boxy right angles stand in sharp contrast to the table's circular fluidity. He wears stylish sportswear, his hair is neatly combed and his leather shoes shine in the sun. We see him from above, not to look down on him but simply to observe his moment of solitude from a respectful distance. The image conveys loneliness and elegance at the same time.

The photo's subject is Dr. Edmund Ackell, an Alzheimer's sufferer, and its photographer is his wife and caregiver, Judith Fox. It appears on the cover of Ms. Fox's new book, *I Still Do: Loving and Living with Alzheimer's*, which pairs the author's spectacular images of Dr. Ackell with her poignant words about their dual descent into the disease.





For several years, Ed didn't want people to know he had Alzheimer's. He wanted to be treated with respect and he didn't want people to think he was "crazy." There are many incorrect assumptions about the disease—some held by the people who have it.

### The Hard Path

"The cover photograph represents the heartbreaking isolation of Alzheimer's," says Ms. Fox. "Alzheimer's keeps fencing in those who suffer from it. The disease distances and cuts them off from the world, from friends, from family and ultimately from themselves."

Dr. Ackell was diagnosed with Alzheimer's disease (AD) in 1998, just three years into his marriage to Ms. Fox. Both had been married once before (she was widowed, he was divorced) and both had enjoyed successful careers. A former Navy pilot, Dr. Ackell was a prominent surgeon, academic and university president, as well as an accomplished athlete. Ms. Fox worked as a writer and professional photographer prior to building a business that eventually expanded to multiple locations from its base in Richmond, Va. When she sold her company, she focused on her work as a fine art photographer, often training her lens on her spouse.

Ms. Fox recalls subtle signs of Dr. Ackell's memory loss that surfaced before their wedding, but she decided that she loved him enough to marry him and care for him, even if he might eventually develop AD.

"The first signs of Alzheimer's were slight and slippery," she recalls. "The strongest and most concerning may have been that he had trouble tracking conversations when we were with friends." Eventually, Ms. Fox and Dr. Ackell decided to have him tested for the genetic markers that indicate a predisposition to the disease. The results came back positive, although that didn't necessarily mean Alzheimer's. To follow up, they consulted a neurologist, who looked at a variety of different test results and then confirmed the diagnosis of probable Alzheimer's.



From *I Still Do*, published by Powerhouse Books

“Ed is a natural athlete. He went to Holy Cross on a baseball scholarship and played on a Yankees’ farm team for a summer. His real love, though, is golf and, despite his extreme visual-spatial difficulties, he won’t abandon it. When he’s concentrating on golf, he’s not thinking about Alzheimer’s.”

### A Visual Love Letter

That was 11 years ago. Dr. Ackell recently moved from the home he shared with Ms. Fox to a nearby residential facility for persons with AD.

*I Still Do* is an expression of love from wife to husband, as told through photographs and poetic tributes. Its pages—much like the lives of people living with and near to Alzheimer’s—are filled with images and words, as well as large amounts of empty space.

“One of the wonderful things about being a photographer and photographing Ed is that it’s another way of loving him; of touching him through the camera lens,” Ms. Fox says. “I see him more clearly. I see him closer. It extends our relationship.”

Dr. Ackell, his wife reports, is a very modest man and never thought of himself as someone who would be a likely model or muse. “But the entire time I was photographing Ed, he was a supportive and enthusiastic partner,” she says. “He was always there, proud and engaged and my most insightful editor. He had less interest in himself as subject than he had for my other work, but he was agreeable to my desire to photograph him because he loved my passion for photography and because he believed in me.”

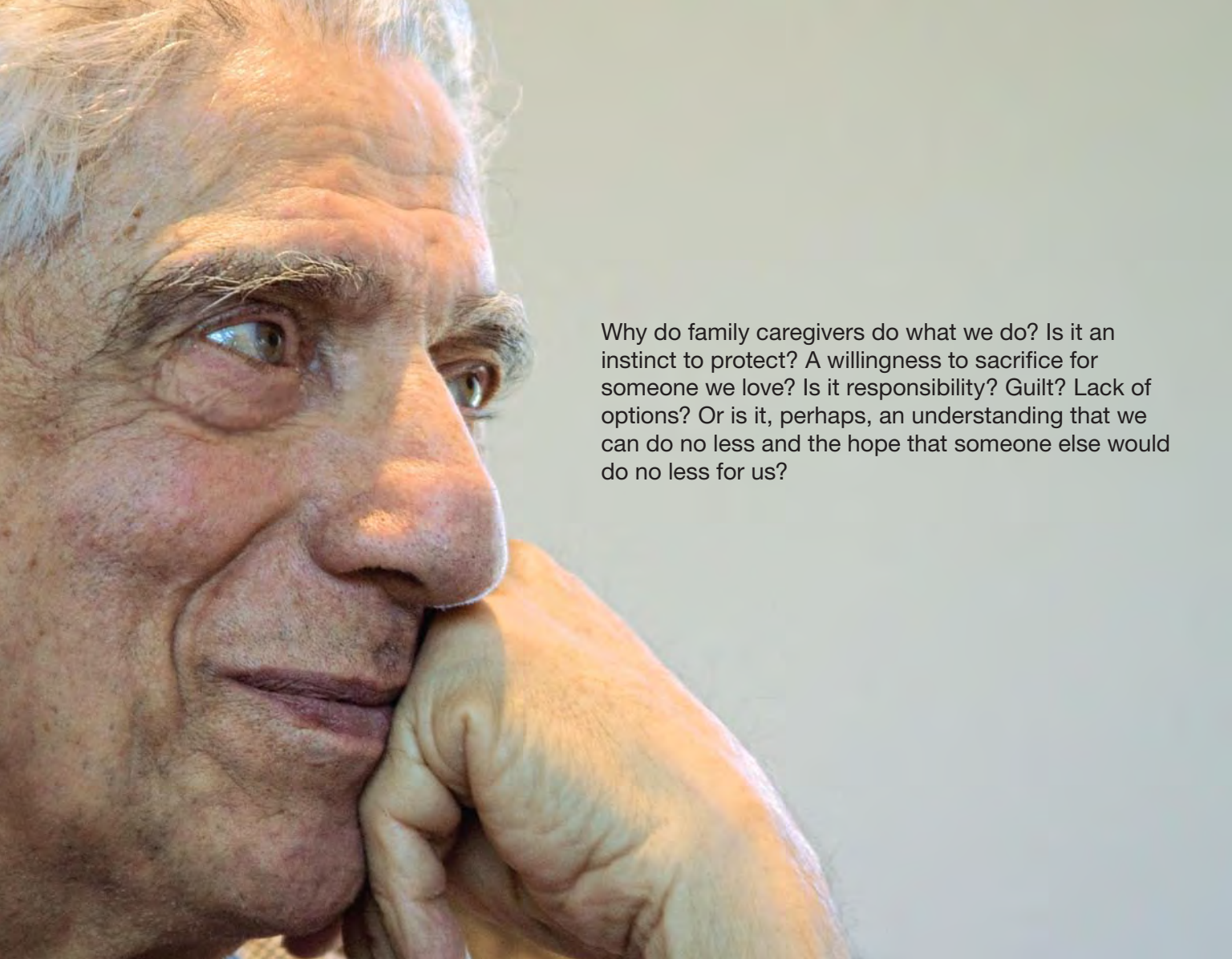
### Up Close

While each of the book’s pictures is hauntingly moving, Ms. Fox has some favorites. “I love all of the images in the book because they all reflect Ed in different moods and moments,” she says. “But as the woman who loves Ed, I would say one of my favorites is the close-up of him as he’s focusing

From *I Still Do*, published by Powerhouse Books







Why do family caregivers do what we do? Is it an instinct to protect? A willingness to sacrifice for someone we love? Is it responsibility? Guilt? Lack of options? Or is it, perhaps, an understanding that we can do no less and the hope that someone else would do no less for us?

on a friend who was sitting next to him. The unseen friend is talking and even though Ed is in the advanced stage of the disease, he is happy and lucid and smiling. The photograph captures Ed's sparkle and his gentle, intelligent and sweet nature."

In addition, Ms. Fox says she is always deeply affected when she looks at one image (not shown) that shows her husband in an extreme close-up. "As both wife and photographer, I can see that his disease is advanced and the photograph shows the magnitude of his pain," she says.

When Ms. Fox talks with her husband about her book now, she reports that he's happy for her, even if he doesn't always remember what the book is about. "It pains me that I can't fully share with him the joy of this part of our partnership, and that he doesn't grasp how deeply his story touches and helps so many people," she says.

"My photography, in addition to the work I do for *I Still Do*, keeps me excited, challenged and moving forward," Ms. Fox says. "Yet I also deal daily with my loss, my deep pain for Ed's suffering, my gratitude that he is still in my life and my fear of what is still ahead." ■

*Read more about the book and its author by visiting [www.powerhousebooks.com](http://www.powerhousebooks.com) or [www.judithfox.com](http://www.judithfox.com). I Still Do can be found at Amazon.com, Barnes & Noble, or at your local bookseller.*

# Honoring Older Volunteers

The National Association for Area Agencies on Aging (n4a), a national nonprofit, supports and promotes volunteering among older adults throughout the nation. Every year, n4a honors these volunteers with the Older Volunteers Enrich America Awards.



Photo courtesy of Archie Thompson, Sr.

Volunteer Grandpa Archie and family. Back row standing: Melanie Thompson, Sue Thompson, Sherry Thompson, Archie Thompson, Jr., Willie Thompson, Archie Thompson, 3rd, and Kristen Thompson. Front row, seated: Archie Thompson, Sr. (honoree), with Archie Thompson, 4th, in front, and Rachel Thompson, standing.

Every day, all across our nation, volunteers make an enormous difference in the lives of people who need help. Volunteers benefit, too. Keeping mentally and physically active in retirement helps the body and mind stay healthy.

Every year, n4a honors older volunteers who have gone above and beyond in making a positive impact for their communities with the MetLife Foundation Older Volunteers Enrich America Awards. These awards honor the voluntary contributions of time and energy that older Americans give to their communities in three categories: Community Champion, Team Spirit and Mentor Awards. Sponsored by MetLife Foundation, the awards recognize the winners, while celebrating the important volunteer work nationwide that older Americans take on across a broad range of needs.

“MetLife Foundation is committed to building healthy communities and recognizes that healthy communities engage the time and talent of individuals of all ages,” said

April Hawkins, director of the Civic Affairs Program at MetLife Foundation. “We are pleased to celebrate the significant contributions that older volunteers are making in communities across the country and hope their stories will inspire individuals of all ages to volunteer.”

## The Growing Need for Volunteers

As a result of the recession, local, regional and national government services are in high demand. Many such services are being cut during this business downturn, and the need for older volunteers has never been greater. It’s only going to get more so, says Mary Brugger Murphy, program director of n4a. But that’s just one more area in which older volunteers can make a huge difference. “Four of the volunteers we honored this year took over the management of the programs they volunteered for to keep them afloat,” Murphy says.

That’s just part of what makes them especially valuable to the people whose needs they meet: Their experience and wisdom,



honed by many years of being parents, business owners, employees and consultants in a vast array of occupations and industries.

“Many of the volunteers we’ve met do work that is very similar to the paid work they did over the years,” says Murphy. “Thus drivers become volunteer drivers, teachers become volunteer teachers, etc.” But there are also older Americans who take a set of work-related skills and apply them in a new way as a volunteer. “Sometimes it’s a skills transference,” Murphy says, “like a dentist I met who became a volunteer plumber.”

Older volunteers make a tremendous impact everywhere they’re involved, predominantly by working with local nonprofit or government agencies that offer services that help people of all ages. In fact, n4a works with 629 area agencies and 246 Title VI Native American aging programs, all in several critical areas.

### Touching Lives

The impact of volunteers on the lives of individuals with real needs and our nation’s welfare is hard to overstate, but there is no question that volunteering benefits not only the recipient of the volunteer’s efforts, but also the volunteer.

“It’s a great opportunity to give back to the community, as well as an opportunity to be involved and active,” says Murphy. “It’s also a great benefit for the mind, as it involves intellectual engagement.”

Staying socially involved can be a challenge for some older Americans, so volunteering provides a very productive way for doing that, as well. “We have greater numbers of older adults than ever, and they’re living longer than ever before, too,” Murphy points out. “These individuals have a need to be productive through their extended lives, and we need their depth of experience and energy to make a difference in our communities.”

One of Murphy’s favorite stories among the many older volunteers she’s met is that of Archie Thompson, an 89-year-old “Foster Grandparent” from Crescent City, Calif. (See photo on previous page.) As a widower raising eight children on his own after his wife’s sudden death years before, Archie knew a thing or two about mentoring youngsters. At the age of 86, “Grandpa Archie” began tutoring and mentoring teens for a local organization and is directly credited with inspiring several teens to finish high school. Grandpa Archie is also one of the last remaining members of the Yurok Tribe, and one of the only native speakers of the Yurok language. He’s spearheading an effort to preserve the language by teaching it to students and creating a Yurok-English dictionary. “Archie is a delightful man,” says Murphy.

As Murphy points out, though, Grandpa Archie is one of many who are making an enormous difference. As our nation faces serious needs in every community, the need for volunteers will only increase. ■

## And the Winner Is ...

When the n4a presented the 2009 MetLife Foundation Older Volunteers Enrich America Awards in May, the organization honored outstanding volunteers in three categories, with a Gold Honoree in each category. The Gold Honorees were:

- **Mentor Award: Robert “Bob” Burtwell, Venice, Fla.** For the past 10 years, Bob has given his time and extraordinarily green thumb to the Laurel Nokomis School, which serves K-8 students, as well as a special dropout-prevention program for at-risk mothers. A Master Gardener, Burtwell led students in building planters for a local nursing and assisted-living facility that residents could tend from their wheelchairs. He has also worked with emotionally handicapped youth, leading one project where the boys and he built raised-bed gardens for wheelchair-bound residents.
- **Community Champion Award: Frank Iszak, San Diego, Calif.** As the economy soured, government and nonprofit programs for the elderly saw their budgets trimmed or eliminated completely. Frank Iszak, a refugee from Hungary’s fall to communism in 1956, decided it was time to serve the country he has come to love and call home. Iszak and his wife began raising the needed funds to pay yoga teachers for their work with senior adults and the blind at 30 venues in San Diego County. Thanks to their efforts, many of their fellow residents of limited income continue to enjoy the health-supporting benefits of yoga as a free service.
- **Team Spirit Award: Beatriz “Betty” Marino, Portland, Ore.** A bilingual retiree, Betty is living proof that “a friend in need is a friend indeed.” Budget limitations forced the State of Oregon to scale back a program that helped residents qualify and apply for Medicaid, which left many people in need without a way to afford necessary medicines and medical services. Betty stepped in to help. She started her own program to research pharmaceutical payment-assistance programs and connect people who needed the help with applications and follow-up, which entailed hundreds of hours of work. In seven years since she started, Betty has helped more than 500 people get the benefits they need, including many of limited English-speaking capabilities.

# Not Fade Away

A new special on Retirement Living Television puts Alzheimer's in the spotlight.

**A**wareness of Alzheimer's disease has grown in recent decades, with many media outlets dedicating airtime to the disease. Yet, much of that coverage falls short of reaching the general public. People who have no experience with the disease might not want to spend hours watching lengthy documentaries or immersing themselves in stories whose outcomes are nearly always depressing. Elliot Jacobson and David Wasser, executive producers at Retirement Living Television, aimed to avoid these pitfalls when they created the half-hour TV special *Not Fade Away*.

Jacobson, who is also Vice President of Programming at RLTV, was moved to create this half-hour documentary after speaking with Daniel Alkon, M.D., Scientific Director at the Blanchette Rockefeller Neurosciences Institute. "When he explained the significant research studies that they had on the way and the breakthroughs that they were anticipating, I was enthralled," Jacobson says.

Sen. Jay Rockefeller started the Institute nine years ago, and BRNI received much attention when it opened its facility in Morgantown, W. Va. But Jacobson knew that Rockefeller and his mother, Blanchette, formed the heart of a great story, where scientific progress meets personal experience. Sen. Rockefeller watched his own mother's heartbreaking decline due to Alzheimer's. After her death, he formed BRNI to honor her life and to find a cure.

## A Personal Connection

Jacobson's own father is ailing from Alzheimer's, so he became familiar with programming about the disease. He found that shows were often unwieldy and also failed to offer the patient's perspective. Jacobson and Wasser hoped to offer a succinct, 360-degree view of the disease, giving the view of caretakers, doctors, researchers and most of all, patients.

Wasser chose to begin "Not Fade Away" with the story of 45-year-old Marie Vitale. "I wanted people to understand that Alzheimer's is not always an issue of aging," Wasser says. Wasser mined RLTV archives and found two-year-old footage of Vitale shortly after her initial diagnosis. In revisiting Vitale and her family, Wasser saw an opportunity

to show how the disease would progress in those early years and also to ask someone who is still relatively coherent



Elliot Jacobson, vice president of programming and executive producer, left, and David Wasser, executive producer at Retirement Living Television.

what those moments of overwhelming confusion feel like. Vitale's story would also grab the youngest viewers in RLTV's audience, which ranges from 50 and up.

Viewers also hear from Lisa Genova, author of *Still Alice*, a novel about one woman's struggle with Alzheimer's. Genova interviewed dozens of patients for her book and gained insight into their experience. In *Not Fade Away*, she explains, "People say it feels like suddenly they're playing a game and they don't understand the rules, and they're really just trying to figure it out in the moment, and it's baffling to them."





*Not Fade Away* premiered on World Alzheimer's Day (Sept. 21).

### The Family's Anguish

Just as Alzheimer's can be scary for the individual, it is often heartbreaking to families. Sen. Rockefeller speaks during the second half of the show and describes how he struggles to remember the sharp, vibrant mother he had, before the ravages of Alzheimer's. "As much as I want to tell myself that I want to concentrate on her at her best, it's very hard to get away from the end," he says, as his voice cracks, "because it doesn't leave you."

Wasser gives Sen. Rockefeller a lot of credit for sharing his story. "It was especially poignant to get someone like Sen. Rockefeller to open up emotionally about this," Wasser says. "For him to be a little vulnerable was, I think, a telling statement. It speaks volumes about what this disease does to people and how it impacts families. This is a family disease."

### Focus on Research

The show turns its attention to Blanchette Rockefeller's legacy, the scientific advances taking place at BRNI. Currently, the only way to confirm an official diagnosis of Alzheimer's is through an autopsy after the patient's death. But researchers at BRNI have discovered a skin test that may offer a highly accurate diagnosis. With an accurate, early diagnosis, doctors may suggest supportive care earlier, as well as drugs that may relieve some of the symptoms

of Alzheimer's and this could result in a better outcome. When effective treatments that slow or stop the disease are discovered, early diagnosis will be especially valuable because the disease might be stopped before catastrophic brain damage has occurred.

They also are conducting clinical trials of a drug called bryostatin, derived from bryozoa, a coral-like marine creature. Bryostatin has been shown to rebuild damaged synapses in animal models, and clinical trials have now moved into the human phase. It could also have applications for victims of stroke or traumatic head injuries.

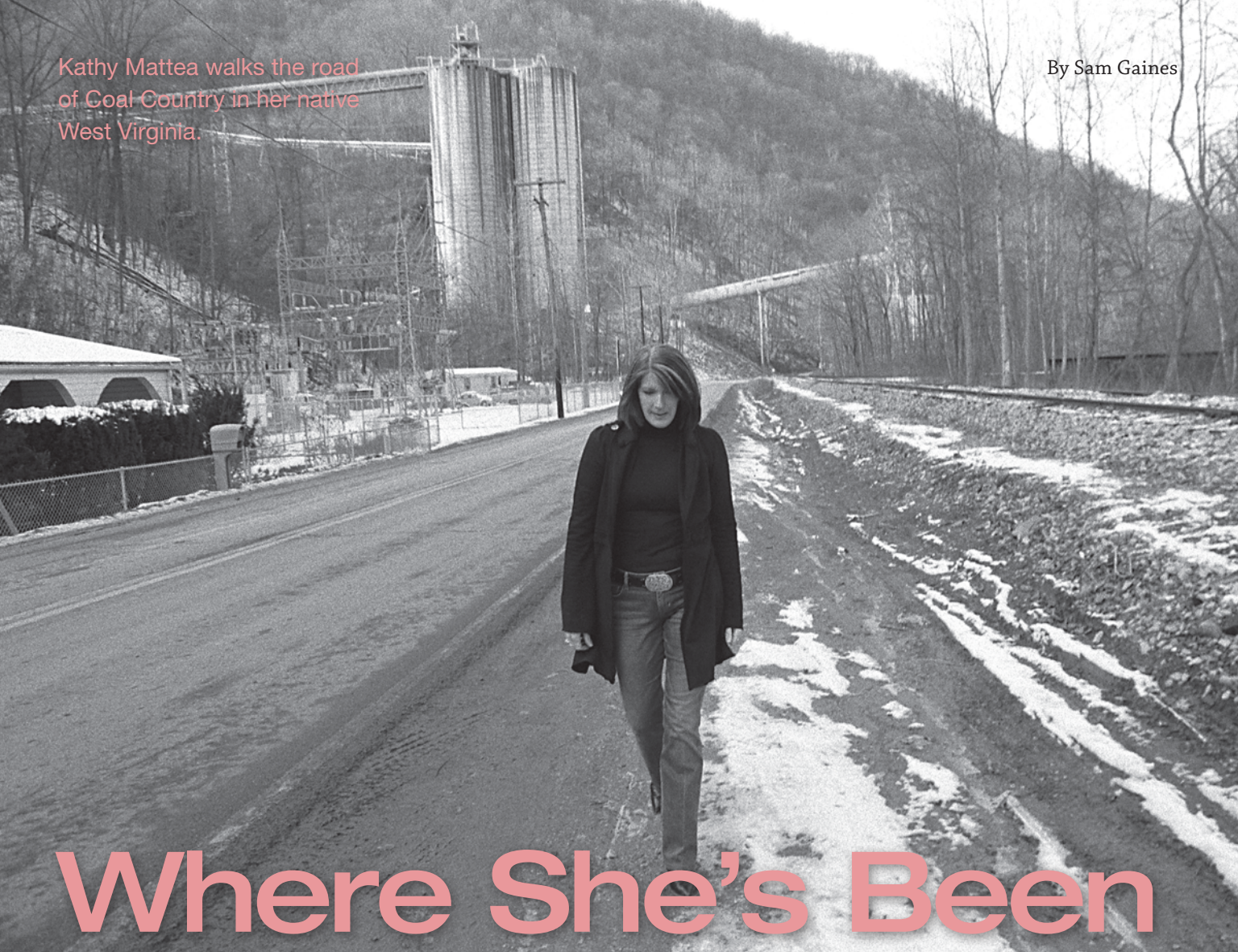
*Not Fade Away* also points out that people can do something to help themselves, particularly by adhering to strategies that also prevent strokes, such as good diet, exercise and intellectual stimulation, as well as avoiding exposure to potential injuries to the head. "We wanted people to be aware that there's a lot of reason for hope, and there are a lot of good things happening," Jacobson says. "At the very least, people can look out for the signs, to understand what Alzheimer's is, and not to assume that anyone is immune."

*Not Fade Away* premiered on September 21, 2009—World Alzheimer's Day—and will continue to air. It was made possible by a partnership with the National Cable and Telecommunications Association and the Blanchette Rockefeller Neuroscience Institute. ■



Kathy Mattea walks the road of Coal Country in her native West Virginia.

By Sam Gaines



# Where She's Been

For her legions of fans, Kathy Mattea writes and sings songs that resonate in the heart. For Kathy, her family's battle with Alzheimer's disease has done much the same thing.

**T**hree-time Grammy winner Kathy Mattea has built a solid career as a singer-songwriter and touring musician no matter how she's pegged. She's found success at the pinnacle of country music, scoring 12 Top Ten singles and three No. 1 hits. She's sold millions of albums.

Kathy has also overcome great personal adversity, a fact she is quite open about—and one that only further endears her to her passionate fans.

In 2008, Kathy released her 15th album, *Coal*, a heartfelt collection of songs about her home state, West Virginia. Coming in the wake of the 2006 Sago Mine disaster, the

album stirred not only memories of home in Cross Lanes, W. Va., but those of family members and friends as they recalled the many stories and songs they grew up with. It was also the last time Kathy would be able to communicate with her aunt, the third sister (including Kathy's mom, who passed in the 1990s) to be diagnosed with Alzheimer's disease.

**Preserving Your Memory: The Sago mine disaster from 2006 prompted recording of your most recent release, *Coal*. What about that tragedy struck a chord to the extent that you wanted to revisit your own past as a musician?**

**Kathy Mattea:** Actually, it was an interesting process. I found myself feeling a lot of grief as it unfolded. I followed the story day by day, checking the TV hour by hour, the Internet. I was completely gripped by it. I





Photo: James Minchin

was surprised at how strong my reaction was to it. When they had the public funerals, *Larry King Live* covered it. They wanted a graceful way to end the show, and asked if I would come down and sing a song via satellite feed. I immediately called a bunch of musicians I know to help, and they were very anxious to help. It all came together very quickly. Somewhere along the process I discovered that people were eager to use music as a tool for grieving. I thought about making a record touching on this subject, and then it all started to come together.

**PYM: Your fans are passionate about your music, to put it mildly. How would you characterize the relationship of your music to your fans? What has their response to *Coal* been? How have your family and friends from West Virginia responded?**

**KM:** What I find is that I try to choose songs that mean something to me, and that

resonate with some deeper thing musically or lyrically or both. The people who are passionate about what I'm doing also have that passion, and thus we're kindred spirits.

People have loved *Coal*. I know I have really yanked my fans around on this musical journey. But it's been very much a progression, and my fans have already seemed delighted by the surprise of it. I'm trying to keep myself interested in the present, and growing, and they are delighted to come along the journey. That's one of the things that keeps me going in this—there are so many great songs and challenges out there, and it's just so fun.

*Coal* has also gotten lovely responses from the folks back home. I have an aunt who, from the time I began this record until now, has really sunken into Alzheimer's. She said, "I wish your Mom could've been around for this." I'm so glad my aunt got to be part of it. I got to ask her questions and talk with her about the music, before she started to get worse.

**PYM: You've been at the very pinnacle of success in country music, but have also pursued more personal paths with your creativity. Did you see your career taking this trajectory even back in the early 1980s?**

**KM:** Well, first of all, I didn't have overwhelming success from the beginning. I had moderate success—two albums before I had a hit—but I got to grow into it. I got lucky. I had a record company that really believed in me, and they gave me space to grow. And my producer back then is now a legendary guy, and he was marvelous. He told me, "It's all about the song—if you get a great song, and sing it well and frame it well, you've got it. The rest is just window dressing." He taught me to cut through the BS and try to listen for the heart of the song, the heart of the recording, and sing from that place. Even then there was a real acoustic and folk influence to what I was doing, and I would get very divergent reviews—one would call me a traditionalist, another very modern, and they were reviewing the same record. I just find something authentic and bring it forward—that's always been at the center of what I try to do.

**PYM: Your music has always touched such a personal, emotional chord with your fans, even as you explore so many different musical avenues that you can't really be described as simply a "country artist," "folk artist," or anything else. Over the years, has the loving response of your fans to your music and its directions surprised you?**

**KM:** I don't know. I can't say. Early on, I hoped that by this point, that I'm still enjoying it, still growing, still have enough of a fan base that I can make records, perform and contribute. And here I am.

It's an interesting thing. I got really lucky finding Alan Reynolds. Then there was this other person, a producer I never met, and he gave me this life-changing couple of sentences: "She's got a lovely instrument, but she's not really singing—she's just making beautiful noise. She's singing notes, but she's not singing the words to the songs." So I started trying to learn the difference. I started trying to inhabit the lyrics, not having to think about mechanically reproducing the melody and really being centered through the lyrics. It gave me a different point of view with a song, which led ironically to my style—which is not to have a style, to just be with the song and let the song be. It was a thrill that people got it, and it's still the biggest gift. Sometimes you connect, and sometimes you don't. But when you are really there with the song, with the band, with the audience, you are blessed.

**PYM: You and your family have been hit hard by Alzheimer's disease: Your mom's older sister, then your Mom, and most recently your mom's younger sister were all diagnosed. When did you first become aware of the condition itself and how it affects people?**

**KM:** Oh, Lord, I can't remember. My grandmother had dementia pretty bad, but there was no Alzheimer's diagnosis back then, so we've always wondered about that. It was before my aunt and my Mom had symptoms.

**PYM: One of your signature songs, written by your husband Jon Vezner, is the classic "Where've You Been." From the lyrics, it seems that dementia or Alzheimer's touched his parents' lives, as well. Is that true?**

**KM:** His grandmother didn't have a diagnosis, but it was definitely dementia. And it was the sight of him that brought her back. I can't say that it was definitely Alzheimer's.

**PYM: Do you see a role for music in helping people who suffer from Alzheimer's and dementia, as well as their caregivers?**

**KM:** Oh, absolutely. I remember my Mom loved to watch TV until she got to the point where she couldn't differentiate what was real and what was TV. We had to edit the shows, because it got so confusing for her. But when she heard music, she would start tapping her feet as she held my hand.

I have this kind of iconic story that I tell in my shows a lot. There was this day I went home to visit. My dad's cancer had just been diagnosed, and his was progressing faster than my Mom's condition was. A bunch of college friends were having a reunion camping out in the mountains that weekend, and I was on my way and came home early to spend some time with my Mom before the reunion. I had ordered a guitar for one of my friends, who was just starting to play, and I got it out of the package just to check it out and make sure it wasn't broken. I hit a chord, and my Mom just piped up and started singing "Love at the Five and Dime." And Nancy, her dear caregiver, just got ecstatic. "Every night, we get a boom box out before dinner and play your *Greatest Hits* CD, and then we make dinner," she said. My mom was tone-deaf, she could not carry a tune and never sang. She wouldn't even sing "Happy Birthday." But as her Alzheimer's developed, she forgot she didn't sing! So I got

my guitar out and sang with my Mom for the first time, all my songs. A year later, when she no longer remembered me, she still could sing "You Are My Sunshine." Music lives in a deeper place in us than language, than even a sense of who we are. It was such a blessing. She had such joy in that moment, and I got joy out of her joy, myself. She could participate, and we could do it together. And the thing was, she actually had a sense of melody. There was no self-consciousness in her. That was the gift she gave us—teaching us what it was just to be.

**PYM: Has songwriting, recording and performing helped you deal with the intense emotions that loving and caring for a family member with AD stirs up? If so, how?**

**KM:** Definitely. You know, sitting and playing guitar during the long hours at my folks' house, my brothers would come and go, but I was there 24/7. I was steeping in it 24/7, and it would get very intense sometimes, so I would go for a run, or work on my music. It was very helpful because I could get lost in it, and it was (or wasn't) pleasant for everyone else.

My dad died a couple of months before my mom was diagnosed with AD, and he was deteriorating physically and mentally quickly, and we didn't know how long he had. I had to make a decision: two more shows to do to finish the tour, then three months off. I made a judgment call, drove to the first show, came walking in at the gig in Kentucky, and they just looked at me. My sweet drummer looked at me and asked, "How are you going to do this?" And I said, "I don't know." That night I realized that all the things people had said to me about how they responded to my songs, I got to experience that night. Even if I don't get to see my dad again, I'm serving my gift—I'm doing what I'm here to do. It's not without meaning. I was just really glad that I could incorporate my life experience into that performance, I didn't have to hide it. I could channel it, and use that to perform my music. I felt very connected that night.

That's one of the gifts of pain—it slams you into the moment. We spend so much time avoiding the moment, but that's where eternity lives, that's where the mystery lives. So instead of singing for or at people, I just focus on being with people, being with the songs, being with the band, being with my voice, and letting it happen.

I did an event for an AD group here in Nashville last weekend. One thing I shared with them was one of the things that got me through the grief of losing my parents: SFC therapy—as in, Snot-Flingin' Cry. I would just have these waves of it, and just had to let it come. Just crumple



into a ball on the floor and let 'er rip, and then I'd be OK for a while—until the next wave. I was my own little experiment, in letting myself have my grief. When I got the call that my Mom had passed, the wave of grief I felt was so huge. I was surprised at how hard that was. The other thing that really struck me about my grief, was that I would be crying about my mom, I'd wind up crying about something else—grief is like this underground lake, and when I stick my toe in, I feel the whole lake. For me, that is essential. We're afraid to feel the grief, but it is essential. A friend told me a while back that while she was going through a very difficult period, her friend told her, just go cry as much as you can, then call me right back. So she just let loose and bawled for 20 minutes, and that was all she had in her. Then she called back. I think the body is made to handle grief if we let it come.

**PYM: We are a nation that is growing older, broadly speaking, which means dementia and AD are becoming more prevalent. As you meet your fans when you tour, do you find they, too, have been affected by Alzheimer's?**

**KM:** Oh, yes. People really appreciate that story about my Mom singing, and I share that frequently in my performances. It's not an uncommon thing. When someone has AD, it's a recognition of their primary relationship that can bring them back however long. I've heard countless stories of how that has manifested in people's lives. It's a lovely thing to me.

I did a show a couple of years ago, and a woman came through the autograph line with her husband and, when they both got to me, she just burst into tears, just fell into my arms. She just cried on my shoulder for a while, and I just held her. And after a few minutes of that, she just looked me in the eye and I looked her in the eye, and we nodded to each other. No words. Her husband told me, "She just buried her mother this morning. Thank you just for being here."

That's one thing about being with music—it opens up something in people that is just beyond what we can express sometimes. She waited in line to have that moment of connection. It was a long line. And she just needed to be there with me. ■

## Music That Heals

A large body of research confirms that music can soothe the difficult emotions that dementia and Alzheimer's disease so often generate. "Music that has the most calming effect is that which is personal to [the patients]—music that relates to them emotionally and stimulates a sense of knowing and familiarity," says **Concetta Tomaino, D.A., MT-BC, LCAT** (right), the executive director of the Institute for Music and Neurologic Function (IMNF). Music with harmonious melodies, or with slow rhythms, can have that effect as well, even if it is unfamiliar."

Relying on their expertise in programming music designed to improve the quality of a patient's life, IMNF established Well-Tuned: Music Players for Health program. The program works simply: The family member or caregiver of a person with dementia also receives a consultation with a trained professional to select music that is appropriate for their loved one. For a small fee (along with the cost of purchased music), patients or caregivers can send their iPods (any model) to IMNF for programming. IMNF takes care of downloading music to the player, then sends it back to the patient or caregiver.

Well-Tuned emerged from IMNF listening programs. "We met with the Shelley & Donald Rubin Foundation and with Dan Cohen, director of the Foundation's Music & Memory project," Dr. Tomaino explains. "Together with Dan we assessed the impact of using digital music technology, such as iPods, to easily bring individualized music to nursing facility residents. The outcomes were very positive from direct care staff as well as some of the project participants. This project has led to the creation of Well-Tuned, a program that can be easily accessed through our web page, so anybody anywhere in the world can download suggested song titles or customize a program with our help."

Dr. Tomaino says that there is a powerful connection between music and memory, one that can change a person's mood for the better. "We know from research that popular music and songs people enjoyed in their teens and twenties are the songs they may find soothing and comforting as older adults," she says. "When someone with dementia is unable to choose their own favorite songs, it's best to start by choosing music that was popular when they were young adults, and see which songs they respond to. Another factor to consider when selecting music for people with dementia is the personal connection they may have to specific songs—what music did their family play in the home?" That's why hymns may make sense for one person with Alzheimer's, while jazz might be the right genre for another.

To learn more about the Well-Tuned program, visit [www.imnf.org](http://www.imnf.org), then click on "Well-Tuned" in lower right hand corner. Or call 1-888-792-2247.



Photo courtesy of the Institute for Music and Neurologic Function

# Living with Alzheimer's Disease

## Products That Make Life Easier, Simpler, and Safer

Every 72 seconds, someone in the United States is diagnosed with Alzheimer's disease. There are now more than 5 million Americans living with the disease. What is not widely known—even by some physicians—is that there are products available that are made especially to help make Alzheimer's patients' lives better with the disease, and, in some cases, to help them remain living at home longer and safer.

The Alzheimer's Store is dedicated to providing unique products and information for those caring for someone with Alzheimer's disease. Every product in the store has been carefully selected to make living with Alzheimer's disease as easy as possible. The store also provides a rating system for products that tells potential buyers whether a particular product is for the early, middle, or late stages of the disease. For example:



- ❖ A clock that will automatically remind an Alzheimer's sufferer of the day and date. This easy-to-read, battery-operated wall clock displays the day of the week and date, and automatically changes at midnight.



- ❖ A medication dispenser that prevents accidental double-dosing. This automatic medication dispenser beeps at the right time, provides the right meds, and is lockable so no more pills can be taken until the next dose time. This dispenser should not be used by a person with Alzheimer's without supervision, but it can be very useful for people with milder forms of memory or cognitive impairment.



- ❖ A telephone that allows the user to push the picture of the person they want to call. For those who may be a little forgetful or who have difficulty seeing the numbers, this phone is a blessing.

With over 200 products that address various activities of daily living and caregiver challenges, the Alzheimer's Store is dedicated to finding and providing products for people with Alzheimer's disease and those caring for them.

**For more information and many more helpful products,  
go to [www.alzstore.com](http://www.alzstore.com) or call (800) 752-3238.**



# CRL: Cooking for Our Residents

The phrase “institutional cooking” may not inspire much confidence among gourmet enthusiasts. But one company that operates elder-care communities is doing more than its share to change that perception, with delicious results.

Every morning, residents at CRL Senior Living Centers awaken to a continental breakfast of fresh fruit, homemade muffins and cereals. During the day, they’re treated to two fruit smoothies and cranberry martinis—non-alcoholic, of course—in the afternoon. They savor homemade soups and fresh vegetables with meals.

At CRL Senior Living Centers, feeding the residents healthy food is at the heart of the residential experience. The company’s 16 facilities—one just opened in November—house more than 1,000 residents, half of whom are in independent-living communities and half in memory-care communities. Two of the homes are in McHenry, Ill., while the rest are scattered throughout the state of Wisconsin.

With an average age of 82, it’s no surprise that many residents suffer from health problems such as heart disease, diabetes and high blood pressure. Many also experience weight loss and frequent urinary tract infections. The key to minimizing—and sometimes even eliminating—some of these problems is good nutrition, says Ari Weinberger, president of CRL. “What we put in our bodies has a dramatic effect on our health,” he says. “And certainly as we get older, that reality is magnified.”

## Blend of Healthy and Tasty

For that reason, CRL goes to great lengths to prepare meals that are rich in nutrients. “We do not purchase pre-made items,” says Terri Mills, director



Bella Vista dining room; Ari Weinberger, president of CRL, inset.

of hospitality services. “We serve a lot of fresh fruits and vegetables, and whole grains, and we offer three healthy protein snacks a day, such as chicken salad and hummus. Everything is cooked from scratch.”

Most meals are also diabetic-friendly. Desserts, for instance, are sweetened with sucralose, not sugar. And to help reduce sodium intake, the chefs rely on fresh herbs instead of salt when they prepare soups, gravies and sauces.

For Tim Hazen, the head chef at Bellevue in Green Bay, Wisc., cooking at CRL has been both exciting and challenging. Trained at the Culinary Institute of America in Rhinebeck, N.Y., Hazen was accustomed to cooking high-end restaurant meals before he arrived at CRL in May 2009. But the residents at CRL had more down-to-earth preferences.

“It’s been a challenge because I’m cooking for an older clientele, and I had to get used to their tastebuds,” he says. “They’re from a different generation, definitely a meat-and-potatoes generation. They’re not as big on fancier, more exotic flavors.”

Scallops alfredo for example, got a thumbs-down from the residents at Bellevue. “They didn’t care for it at all,” Hazen says. “They said it tasted too fishy, and they just didn’t like scallops.”

But meatloaf is a consistent favorite. Even so, Hazen makes this dish healthy by mixing lean ground beef with lean ground turkey or pork, then draining any remaining fat. He seasons it with oregano, thyme and pepper. “There’s no prepackaged onion soup mix,” he adds.

Making foods more flavorful is a daily challenge for older tastebuds, too. Hazen intensifies the flavor by using more reduction, which evaporates more of the water from sauces, soups and gravies. He relies on an abundance of fresh herbs in his meals and commits two days to preparing home-made stock.

To find out how he’s doing, Hazen holds a weekly meeting with the residents—aptly named Food for Thought—to talk about what they like and don’t like in their meals. The residents also get to select from a few options at each meal. “It makes the residents feel as if they have more control of their lives,” Mills says.

Adding to the experience is the presentation of the food. All meals are



Terri Mills, director of hospitality services for CRL, above. Tim Hazen, head chef at Bellevue in Green Bay, Wisc., below.



served on gold or burgundy-colored plate chargers with fine linens, and presented by servers in white tuxedos and black bow ties. “I like to think it’s like going to eat at a country club or a five-star restaurant,” Weinberger says.

### Proof in the Pudding

No doubt, the impact of healthy eating has made a difference on the lives of the residents. “Through our nutrition plan, we have not only avoided weight loss, but we’ve had many of our residents go off insulin,” says Weinberger. “We’ve also reduced the number of urinary tract infections and reduced the number of medications needed.”

The healthy meals are the foundation of a comprehensive approach to overall wellness and quality of life. Weinberger is convinced that eating well enables the residents to become more engaged in the home’s myriad programs, such as chair exercises, walking, and arts and crafts. “It’s the building block for everything else,” he says. “If they’ve eaten well and they’re well-hydrated, they’ll participate in more activities, and that keeps their mental state more acute and their bodies limber.”

All the focus on healthy food has paid off. This became very apparent last spring when CRL took over five communities from another company. CRL had to change their vendors, since the previous supplier provided foods with a lot of preservatives and salt, and fed the residents an abundance of breaded food items. “We had to bring the kitchen and nutrition up to par,” Weinberger says.

Within the first month, there was an increase in the number of meals the residents were eating. “One resident even thanked me for the food,” Weinberger says. ■

*For more information, visit CRL on the Web at [www.crlcares.com](http://www.crlcares.com).*



## Whole Wheat Pasta with Spinach, Garlic and Olive Oil

High fiber diets have been linked with a reduced risk of heart disease.

### Ingredients

1 tsp. salt substitute  
1 lb. whole wheat linguine  
1/3 c. extra virgin olive oil  
4 garlic cloves, 2 minced and 2 thinly sliced  
4 c. fresh spinach, stems removed  
1/3 c. fresh chopped flat leaf parsley  
Zest of 1 lemon

### Directions

1. Bring a large pot of water to a boil, add salt substitute and pasta. Return to a boil and cook 10 min. or until al dente. Drain.
2. Meanwhile, heat oil in a large skillet over medium-low heat until hot. Add garlic, spinach and 1/2 of the parsley, stirring constantly for 3 min. Remove from heat.
3. Add pasta and toss until well coated. Transfer to bowl and sprinkle with zest and parsley. Serve.

## Orange Fruity Smoothie

### Ingredients

2 bananas, chopped and cut into fourths  
2 peach halves, pitted and cut into cubes  
2 c. raspberries  
2 c. freshly squeezed orange juice  
Ice cubes

### Directions

Process all ingredients for approximately 30 seconds.

## Fruit Burst Smoothie

### Ingredients

2 c. strawberries  
2 c. blueberries  
1 chopped mango  
1 lime (juice only)  
2 peeled oranges  
Splash of apple juice  
6 ice cubes

### Directions

Process all ingredients for approximately 30 seconds.

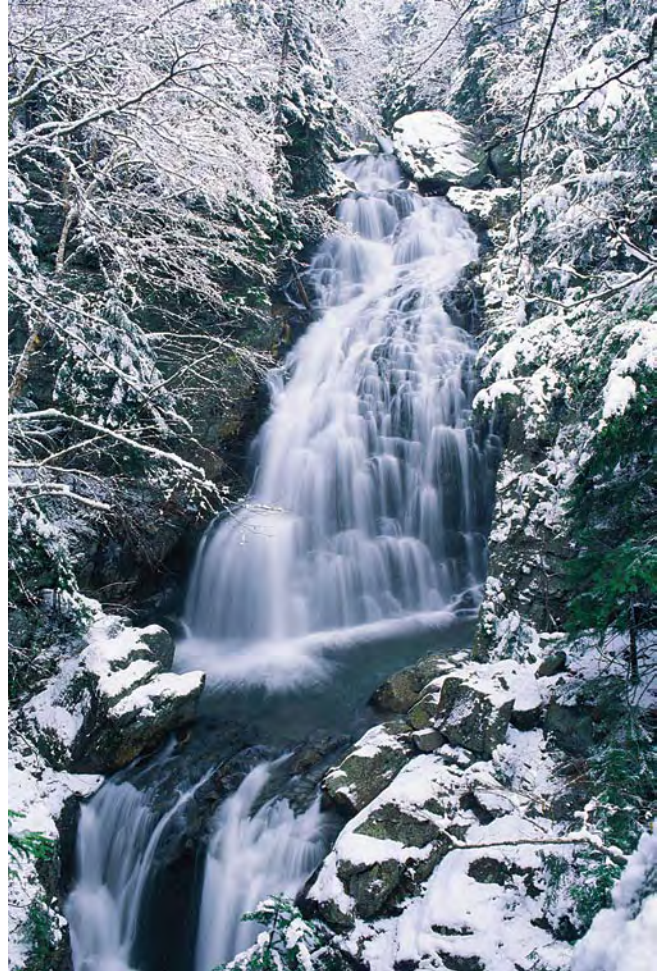


# Alzheimer's

Written by Ellen D. Klein  
Livingston, New Jersey

*Dedicated to the memory of my father, Maurice Silverman*

Slipping away,  
You're slipping away.  
Not all at once  
But little  
By little,  
Like blurred images  
Of impressionistic art,  
Or forgotten words  
To a once loved song.  
The cadence of your voice is true.  
But clarity has been replaced  
By confusion.  
Alertness overpowered  
By disconnections.  
Wit and humor  
Out of your cerebral reach,  
You laugh the right laugh  
At the wrong places.  
Slipping away.  
You're slipping away.  
I already begin to mourn you.



# The Missing Finger

Written by David Frick  
Central Point, Oregon

I awoke with screaming and hollering abounding around the house; the old man was at it again. “Where the heck is my finger?” warbled Grandpa. I knew he was heading this way, and I scrambled out of bed, desperately searching for something to cover myself up with. Grandpa burst through my door startling me; one of my legs was halfway into my pants. There I was hopping on one foot, trying so very hard to stay upright, when his fear-filled eyes looked right at me and he yelled, “Tommy, did you take my finger?” At that moment the law of gravity met Murphy’s Law, and I fell over. Crashing into my nightstand, spilling my water and sending my

clock bounding across the room, my head fell into the mess; my rear was poised in the air. Grandpa looked at me and said, “Well, I know it’s not up there. So where the heck did you put it?” As I arose and gained my composure, I knew today was going to be another forlorn journey into the world that the old war horse scarcely remembered. We were going to travel through the gates of time and into the past to help grandpa find his finger.

I ushered the now frail-looking man out of my room, and we walked the long hallway down to the living room. Mom had already set out the scrapbooks filled with newspaper



clippings, letters from military commanders, pictures, and just about seven pounds of medals that Grandpa had been awarded in his dignified walk through hell. Hell it was, for Grandpa was a hero in every respect of the word. He was shot in two different battles, but he recovered and returned to his post each time, earning purple hearts and bronze stars for his bravery. His last battle, in which he lost his finger, was his most memorable—he not only saved his squad, but an entire company of soldiers.

As I opened one book, a picture fell out. The old man picked it up and said, “That’s Chester” and told me about Charlie Nestor. It seems that Charles didn’t fit him, nor did Charlie or Chuck, so the men gave him a new name—Chester. I opened the book to the first page. It was a clipping from the local newspaper, with the headline “Outrage” and the story about the Japanese bombing of Pearl Harbor on Dec. 7, 1941. “Those jerks really hit us hard that day,” Grandpa said. He looked us down at his hand and I reassured him we would be finding his finger soon.

The next page was a letter from his commanding officer. Staff Sergeant Joseph Jennings, my grandpa, had been injured but would recover. It went on to tell of how he’d been wounded in battle and how his heroic return to his post, manning his guns while wounded, had saved his squad. Grandpa just looked at the scar on his leg from that day.

As we continued leafing through the scrapbook, we passed stories of victory and defeat for our armed forces during World War II. Grandpa would interject from time to time about how he recalled hearing the voices of men around him, but he could no longer remember what they looked like. He enjoyed looking at the pictures; it helped him “remember the ones who should be remembered,” as he’d say. Again he looked at his hand, where his finger should be, this time remembering something about it. “The war took this from me,” he said. I acknowledged that fact and turned the page.

We journeyed on and came across an article about one of his squad members, Johnny Rumbas. They called him “No Toes.” Grandpa told me how he had lost the toes on his right foot: He stood near the path of a tank as it rolled by, tearing his toes from his foot. “Ha ha ha,” Grandpa burred. “The feckless dolt!”

Mom came in and gave Grandpa his morning meds, along with some hot Earl Grey tea. Grandpa would drink the stuff by the gallon if he were left alone with it.

We returned to the book, and as we turned the page we found another letter. “Open and read often,” it instructed, and Grandpa looked down at his hand again. I asked him if he wanted to read it, or if I could read it for him. He put his face in his hands and asked me to read it. I opened the dried yellow paper, hearing the crackle of age and noticing the acrid, moldy smell. I looked over at Grandpa, held the letter up and began:

Dear Joe,

They tell me that this will do us both good in years to come. Right now as you read this I am sure that you are lost, upset and feeling very angry. I know, because that is exactly how I feel right now as I write this. I am sure you are wondering what happened to that finger on your hand, and I am going to tell you. You lost that finger saving the lives of over 120 men and as much as you will argue with me, you are a hero. Our squad, our entire company had become trapped between two fighting tank divisions; we were stuck with our backs to a fuel depot and were desperately trying to fight our way backward and into the woods. A stray anti-tank rocket came in toward us and headed right for a full tank of diesel. You reached up and swatted at the round with your hand. Its sheer momentum picked you up and flung you hard into the side of the tank. The rocket veered off and hit the empty shell of a building, taking your finger with it. You hit the tank so hard it cracked your skull open and you broke several ribs. That was 12 years ago from the day as I write this. I am sitting here in the VA hospital and they’re testing me for memory issues; you see, I forgot the way home last week and my doctor is worried. I tell you right now I am worried but I think things will be fine. They wanted me to write this so in the years to come you would have something to explain the unknown. But I doubt it will be needed. Keep a stiff upper lip.

Joe

Grandpa looked at his finger and asked me how many times he had read the letter, or heard the letter being read. Mom told him it had been read to him at least once a week for the past 29 years and that he had never read it himself. He slowly rose and announced that he was going to lie down. Mom poured me some orange juice and looked very worried. “He’s never responded that way before,” she said. She explained that hearing the letter being read always cheered him up and brought him back to reality.

The rest of the day was uneventful, and soon nightfall arrived. I slept soundly that night.

But I awoke to screaming and yelling again the following morning. At first I thought it was Grandpa, looking for his lost finger. But not this time. I ran out of my room to find Mom on the kitchen floor, sobbing. I went to check on Grandpa and found him—sitting in his chair, a peaceful smile on his lips, with the letter in his lap. He had finally read the letter for himself, and at that found his peace.

The old warhorse was laid to rest three days later in Arlington National Cemetery with full military honors. He rests forever now, finally finding peace under the watch of his honor guard. ■

Do you have a question you would like to ask the experts at the Fisher Center for Alzheimer's Research Foundation? If so, please call 1-800-ALZINFO, visit [ALZinfo.org](http://ALZinfo.org) or send surface mail to Fisher Center for Alzheimer's Research Foundation, West 46th Street & 12th Avenue, New York, NY 10036, or e-mail [info@alzinfo.org](mailto:info@alzinfo.org).

## How to Communicate With Someone Who Has Alzheimer's

### How can I communicate better with my loved one who has Alzheimer's?

Learning about Alzheimer's—how it progresses and how it is managed—is critical to understanding how best to interact and communicate with a person who has Alzheimer's disease. Along the way, you will learn many tips and strategies for coping with the symptoms of the disease. These symptoms will change as the disease progresses, and you may need to continually adapt your strategies as your loved one's symptoms and challenges change.

One successful approach to reducing inappropriate behaviors is to communicate in a way your loved one can understand. Consider how your loved one sees the world, and keep that in mind as you spend time with your loved one. It can also help to join in when the person reminisces about happier times from years past, by sharing memories and old photos. Focusing on past times that the person might be able to recall may be less stressful than trying to talk about current or recent events, which may baffle and frustrate your loved one.

### Tips for Communicating Better

Here are some other tips that might help you communicate with a person with Alzheimer's:

- Try to anticipate and address needs or concerns before they become a problem.
- Listen and communicate patiently. Try to reduce the frustrations the person may feel from not being able to communicate effectively.

- Use memory cues—verbal, visual, auditory—to help the person stay on track during conversations or day-to-day tasks. For example, place clothes prominently in plain sight, in the order in which they should be put on, or visually guide the person through getting dressed.
- Write notes to the person to remind him/her to do routine tasks, and provide clear, written directions for accomplishing tasks.

### Effective Techniques

Some specific communication techniques have been shown to be effective in reducing behavior problems and improving day-to-day functioning of people with Alzheimer's and other dementias:

- **Reality:** As discussed above, accept your loved one's version of "reality" so you can avoid frustrations and misunderstandings.
- **Validation:** Don't correct or contradict the person's view of reality; rather, encourage and validate it by really listening and asking questions.
- **Redirection:** Be creative in redirecting conversation without contradicting or denying the other person's statements. Take time to share in fond memories or gently remind the person of tasks or appointments.
- **Memory cueing:** Use words and visuals to cue old or recent memories. For example, play videos of family events; place reminder notes in plain view; color-code or number things in the order they should be done.

### Dealing with Aggressive Behavior

In later stages of Alzheimer's, aggressive or agitated behavior may become common, which can make it more difficult to care for a loved one at home. Agitated behavior is considered a symptom of the disease itself. But some experts believe that such behavior, in part, may be a Alzheimer's-affected person's reaction to the behavior of people around them. For example, talking too loudly or too fast, or contradicting your loved one's beliefs about what is real, might cause agitation. A growing body of research is showing how these techniques can help reduce disruptive behaviors in people who have Alzheimer's.

If your loved one is agitated or disruptive, examine how your own actions may be affecting that person's behavior. Try to determine if something you have done (or have not done) might be triggering an agitated response, and keep that in mind change that behavior when the situation arises again.

One of the most common sources of disruptive behavior occurs when a person with Alzheimer's feels his or her personal space has been invaded—often, while dressing, bathing or visiting the doctor's office for an appointment. Also, the traditions surrounding important holidays may trigger agitation (see sidebar). It's important to understand that someone with Alzheimer's is more likely to misinterpret certain actions and respond aggressively. Aggression can also arise as a result of a physical illness, such as constipation, infection, pain, depression or anxiety, and a lack of sleep.

Fortunately, steps can be taken to help prevent and treat aggression in a loved one with Alzheimer's.



## Taking Steps to Reduce Agitation

It's important that a doctor evaluate the person with Alzheimer's to identify any physical complaints that may be contributing to the problem. The caregiver should also keep a written journal of events that lead to aggressive behavior. Tell the doctor what happened just before an outburst, how the person acted, and what happened afterward. The journal should also list how often aggressive behaviors occur and what, if anything, reduces or defuses the outbursts.

Identifying patterns that set off aggressive behavior can help to avoid outbursts in the future. For example, if a loved one becomes combative when trying to decide what to eat or wear, you can limit the choices available. For example, rather than asking, "What would you like for lunch?," prepare a sandwich. Or, instead of saying, "Get dressed," say "Put these pants on."

Maintaining a regular routine may also help to avoid conflicts. Playing music that the person with Alzheimer's finds soothing during problem times such as bathing may also help. Regular and gentle exercise on days when the person with Alzheimer's must visit the doctor, for example, may also help to reduce aggressive behavior. Your doctor may also prescribe medications to reduce agitation.

Despite your best efforts, outbursts will still occur. Try your best to remain calm and stop whatever it is that you are trying to get your loved one to do. Do not argue or punish the person. He or she may not be able to remember the incident or be able to learn from it because of the nature of Alzheimer's.

If an outburst occurs, talk to the person in a calm and non-threatening manner. Keep your voice low and soothing. If the TV or radio is on, turn it down or off. If someone is upset because they can't find their wallet, for example, spend a few minutes with them helping to look for it. Or, switch to a new activity, like sitting in a rocking chair. ■



## Alzheimer's and the Holidays

The activity and festivities of the holiday season pose special challenges for families coping with Alzheimer's disease. The hurried pace can be trying at times for just about anyone, but for someone coping with Alzheimer's disease, the change in routine can be especially disruptive. That's why it's important to take steps at holiday time to minimize disruptions and simplify the celebration. A few steps can help to assure that anyone with Alzheimer's, and those who care for and love them, can have a safe and joyous holiday season.

- Simplify. The change in routine of the holiday season can be disconcerting and upsetting. A tree with blinking lights and loud singing, music, or a football game on the TV can be disorienting for someone with memory loss and confusion. Rethink your holiday traditions, and simplify. Pick and choose those traditions that are most important to you. Simplify the decorations, and avoid flashy lights and raucous noise. For safety's sake, avoid candles and artificial fruits, which may be mistaken for the real thing.
- Engage the person with Alzheimer's—but keep things at their usual pace. Someone with Alzheimer's might enjoy simple holiday tasks, such as decorating cookies or putting ornaments on the tree. Or, singing holiday songs and reading a beloved scripture or story at home may be a meaningful alternative to visiting a place of worship. Do not, however, force the person with Alzheimer's to participate if they resist. Stick to the same daily routine and schedule as much as possible.
- If a loved one with Alzheimer's lives in a nursing home or assisted-living facility, test the waters by bringing him or her home for a short visit beforehand. For many with Alzheimer's, being removed from familiar surroundings can be disorienting and upsetting. Even being around family members a person doesn't see often can make someone with dementia anxious or fearful. If a home visit seems too stressful, arrange for visits by small groups to the nursing home to minimize confusion and upset.
- Apprise family members and relatives who are coming from out of town about the status of a parent, sibling or loved one with Alzheimer's ahead of time. That way, everyone will be better prepared during family gatherings.
- Delegate. Let family members and friends help with the chores, like writing cards, baking or shopping for gifts. Let others watch a loved one while you take in a show or other holiday event.

# Fitting in Fitness

Making time for physical activity shouldn't be a last consideration—especially for caregivers. Put fitness at the top of your list.

It's all too familiar. You are stressed and tired, and find there aren't enough hours in the day to do all that needs to be done. Taking care of a loved one can be hard on the mind, body and spirit, and unless the caregiver takes care of important personal needs, detrimental to those under one's care.

Symptoms of caregiver stress include:

- Denial
- Anger
- Social withdrawal
- Anxiety
- Depression
- Exhaustion
- Sleeplessness
- Irritability
- Lack of concentration
- Other health problems

Peter Schroeder, author of *Reverse-Parenting: How to Survive Caring for Your Aging Parents*, says caregiver stress is often caused by denial of the situation, over-scheduling of everyone involved and physical neglect of oneself. One of the best ways to relieve that stress is through exercise.

“Exercise is one of the basic components of good health, which minimizes the likelihood of excessive stress. The way exercise works best, and most successfully, is to have a regularly scheduled time, and a variety of ways to exercise,” says Schroeder, who cares for his elderly father.

The President's Council on Physical Fitness and Sports recommends exer-



Regular exercise benefits health in many important ways, including improved mood and attitude.

cising three times per week to maintain a healthy level of fitness. The council suggests the following guidelines based on your goals:

- **Warm-up:** A 5- to 10-minute session of walking, jogging, knee lifts, arm circles or trunk rotations before exercise, and a 5- to 10-minute cool down with slow walking or stretching afterward.
- **Muscle strength:** A minimum of two 20-minute sessions per week that include exercises for all the major muscle groups, such as light weight lifting.
- **Muscle endurance:** At least three 30-minute sessions each week that include calisthenics, pushups, sit-ups, pull-ups and weight training

for all the major muscle groups.

Experts say weight-bearing exercise helps bones stay strong and can prevent bone loss. Robyn Stuhr, an exercise physiologist, suggests these weight-bearing exercises:

- Brisk walking
- Walking a hilly course
- Running
- Aerobic exercise classes
- Various forms of dance and some calisthenics

Stuhr says weight training/strength training also promotes bone growth in the specific bones involved in the exercise.

“Muscles are attached to bone and every time a muscle contracts, it pulls



on its bony attachment, stimulating a bone response,” she says. “Strength training is a great way to improve bone health if you have osteoarthritis and have difficulty tolerating certain types of weight-bearing activity.”

- **Cardio:** At least three 20-minute bouts of continuous aerobic (i.e., activity requiring oxygen) rhythmic exercise each week, such as brisk walking, jogging, swimming, cycling, rope-jumping, rowing, cross-country skiing and some continuous action games, such as racketball and handball.
- **Flexibility:** 10-12 minutes of daily stretching exercises performed slowly and evenly, without a bouncing motion.

Sounds like a lot to find time for? Schroeder suggests exercises such as stretching, walking and yoga may also involve the loved one.

Along with the detrimental physical effects of not exercising, such as weight gain as well as other health issues, come the mental health issues of being overstressed without relief.

“Everyone needs some sort of physical outlet,” says Barbara Friesner, host of *Age Wise Living*, the VoiceAmerica.com radio show, and creator of The Ultimate Caregiver’s Success System. “This is especially true of a caregiver for someone with dementia.” Friesner also suggests physical activities that the whole family can enjoy together, such as bowling.

“If a caregiver doesn’t exercise, they’re just stewing in their own anxiety and not countering all the stress. Ultimately it can lead to mental and/or physical breakdown—including deep depression,” Friesner says.

Exercise directly improves mood and leads to better sleep patterns, and might even prevent you from developing dementia-related disorders, says Karen Spangenberg Postal, Ph.D., a board-certified neuropsychologist and president of the Massachusetts Psychological Association.

“Importantly, it also triggers a process



Healthy activity can be fun and relaxing.

of neurogenesis (new cell growth) in the hippocampus, the area of the brain responsible for creating new memories,” she says. “It is well documented that individuals who exercise are less likely to develop dementia.”

### Finding the Time and Inspiration

1. Find your motivation, says Gregg Mumm, a certified fitness trainer and author of *Lose Weight, Gain Energy: How To Enjoy Exercise*.

(HowToEnjoyExercise.org). Decide why exercise is important to you—losing weight, health, getting your diabetes under control, etc.—and make that your goal.

2. Exercise first thing in the morning to avoid unexpected interruptions, Schroeder says.
3. Hire someone, Mumm says, if you are able, to do other tasks such as cleaning your house or mowing the lawn. That way you have time to take care of yourself.

### Exercise Tips

“The good news is that even exercising for a brief period—5 to 10 minutes—can produce huge results,” says Dave Hubbard, former NFL player and the creator of the Fit10 Fitness system ([www.Fit10.com](http://www.Fit10.com)).

Hubbard recommends the following:

- Use isometrics, which is simply full force against an immovable object. Example; clasp your hands in front of you, and try to pull your hands apart while squeezing your hands together. Do this for 10 seconds, and repeat 3 times. Remember to breathe!
- Standing with your back to a wall, about 12 inches away, lean your body against the wall, and slide your body up and down as if you were standing and sitting repeatedly on a chair.
- Walk or run in place. You do not need to lift your legs high. Simply do a quick, repeated motion raising your feet a few inches off the floor, and moving your arms aggressively in stride, while breathing deep.

Of course, before beginning any type of exercise program, always check with your healthcare provider. ■

# Health Care Reform and Long-Term Care

As Congress debates the health care reform bill, many are wondering what effects reform will have on long-term care. Here's what you need to know.

Whatever your opinion on health care reform, the very public conversation now dominating headlines is momentous. For all citizens, but especially for seniors and individuals with special needs, access to quality medical services is essential. It's important that our national dialogue is giving this central issue the attention it deserves.

As many of us know, we must plan for the possibility that a long life will be accompanied by serious health challenges, including the need for either in-home care or long-term residence in an assisted living facility or a nursing home. Although we overwhelmingly prefer to age in place—at home—a bias still exists in our health care system in favor of institutional solutions. The desire to keep beloved family members at home currently demands tremendous financial sacrifice.

## Where We Stand Now

Long-term health care costs are skyrocketing out of control. Nationwide, the average annual nursing home costs are approximately \$90,000. In many metropolitan areas, these annual costs can exceed \$200,000. In-home care and assisted-living care are also very expensive.

Many families are concerned about how they would finance the cost of long-term care if a loved one became ill. Unfortunately, our country has no health insurance system for long-term care. It is uncertain whether the final bill that

emerges from Congress will significantly change this reality. Seniors work hard their entire lives to accumulate a modest nest egg. However, if they become ill they may be forced to spend all their assets, including selling their home, to pay for the cost of their long-term care.

## Limitations of Medicare and Medicaid

Long-term care insurance provides a valuable planning alternative and should be considered as part of an overall estate plan. However, many seniors cannot afford long-term care insurance or are not insurable due to various infirmities, such as Alzheimer's disease.

Some are interested in qualifying for Medicaid to pay for their long-term care. Many confuse Medicare and Medicaid since the names are so similar; however, the programs are very different. Medicare is the federal insurance program covering those 65 and older and certain persons with disabilities. Medicare pays for a very limited amount of nursing home care and does so only if the patient is receiving skilled nursing care. Skilled nursing care is a legal term of art which generally means you are receiving certain types of treatment, such as a stroke victim receiving physical or occupational therapy. It does not include help with activities of daily living, such as eating, grooming and getting in and out of bed.

If you are fortunate enough to qualify, Medicare will pay for up to 100 days of skilled nursing care, provided that the

patient was hospitalized for 3 days during the 30-day period preceding the nursing home admission. In addition, Medicare will pay only for the first 20 days in full. After that (days 21–100), a copayment of \$133.50 is required. Thus, a person who has long-term care needs due to Alzheimer's disease or other chronic illnesses will soon discover that Medicare benefits are very limited. Medicare is simply not a viable alternative for those in need of long-term care.

Medicaid is the only government program that pays for long-term nursing home costs for seniors. However, unlike Medicare, Medicaid is a means-tested program. There are strict income and asset guidelines that must be met in order to become eligible for benefits. Medicaid is a state program funded in part by the federal government. Each state has its own Medicaid rules and regulations, so there are 51 Medicaid programs (including the District of Columbia). If you are considering applying for Medicaid to cover the costs of your long-term care, it is critical that you become familiar with these rules and regulations, along with the policies and procedures of your local Medicaid authorities.

## Legal Complexities

Long-term care planning has always been a complex area of the law, and it has become even more complex over the past couple of years as new laws and regulations have taken effect across the country. Generally, individuals become eligible for





A clear understanding of what Medicare and Medicaid can and can't do is very important to wise financial planning.

Medicaid assistance once their assets are below a certain level—approximately \$2,000–\$4,000, although some states allow slightly higher levels. There are, however, special protections for married couples, so that the spouse living at home (the community spouse) has sufficient funds to meet his or her needs. Generally speaking, the community spouse is entitled to keep non-exempt assets of up to \$109,560 (in many states this figure is actually much lower). This is called the Community Spouse Resource Allowance (CSRA). In addition, the community spouse is entitled to monthly income of up to \$2,739. This is called the Minimum Monthly Maintenance Needs Allowance (MMMNA). These amounts vary depending on which state we are talking about and may be increased through a fair hearing or court order.

There are rules in place that are designed to limit asset transfers by seniors to children and other persons. Transfers of assets or income made within 5 years of applying for nursing home Medicaid will be assessed a penalty period, which will not start until the Medicaid applicant is out of funds, is otherwise eligible for Medicaid and applies for assistance. These rules could potentially cover gifts to grandchildren to help pay for their education or gifts to children to cover medical expenses. If the grandparent needs to apply for Medicaid within 5 years of paying for a grandchild's education or a child's medical expenses, then the grandparent may not be eligible for Medicaid, and there may be no funds available to pay for the grandparent's care (since they have already been spent on the education or medical expenses).

Although the rules are complex, planning opportunities remain to protect your assets. Certain assets such as the home and retirement accounts receive special treatment in many states. The earlier you plan ahead, the more assets that can be protected for you and your family. Although the process might involve a significant amount of time and effort, and force you to confront some difficult issues, you're worth it. You and your family will be glad you did. ■

*Bernard A. Krooks, J.D., CPA, LL.M (in taxation), CELA is immediate past president and founding member of the N.Y. chapter of the National Academy of Elder Law Attorneys and a nationally known and widely quoted expert on elder law. For more information, visit the firm's website at [www.littmankrooks.com](http://www.littmankrooks.com).*

# Brain-Boosting Puzzles

“Use it or lose it.” The message is simple. If you don’t use your muscles, they will no longer be as effective as they should be. Of course, the brain is not a muscle; however, it has recently come to light that “mental workouts,” such as solving crosswords and other puzzles, can help ward off Alzheimer’s. In these pages, we offer a variety of different types of puzzles that will work out your various skills involving memory, deduction, and letter manipulation, and, we hope, also provide you with a ton of fun!

(Answers on page 37)

## MATCH THESE

Can you match each of these Americans who achieved their greatest fame in the first half of the 20th century to his or her field?

- |                                 |                  |
|---------------------------------|------------------|
| 1. _____ Jane Addams            | a. Architecture  |
| 2. _____ Luther Burbank         | b. Aviation      |
| 3. _____ W.E.B. DuBois          | c. Evangelism    |
| 4. _____ Frank Lloyd Wright     | d. Civil rights  |
| 5. _____ Louis Brandeis         | e. Horticulture  |
| 6. _____ Aimee Semple McPherson | f. Industry      |
| 7. _____ Clare Boothe Luce      | g. Jurisprudence |
| 8. _____ Irving Berlin          | h. Warfare       |
| 9. _____ Henry Ford             | i. Politics      |
| 10. _____ Paul Robeson          | j. Singing       |
| 11. _____ Amelia Earhart        | k. Social work   |
| 12. _____ John J. Pershing      | l. Songwriting   |

## DROPLINE

Take the letters in the top half of each column below and distribute them in the blanks of the bottom half so that the letters read from left to right spell out a short witticism. The black squares are the spaces between words. One letter has been dropped in place to start you off.

M	E	N	E	X	A	O	T	A	D	O	A	F	E	K	E
R	A	O	R	E	W	G	L	P	E	O	F	L	I	I	T
	N	A	D	T	B	C	T	H	Y		O	L	T	H	E
						O	L			P					A
	N														

## LEAPFROG

Here’s a list of world capitals — the city and its country. The letters of the two words are in the correct order, but they overlap. All you have to do to find the terms is separate the letters.

Example: **LPIORSTBUOGANL** — LISBON, PORTUGAL

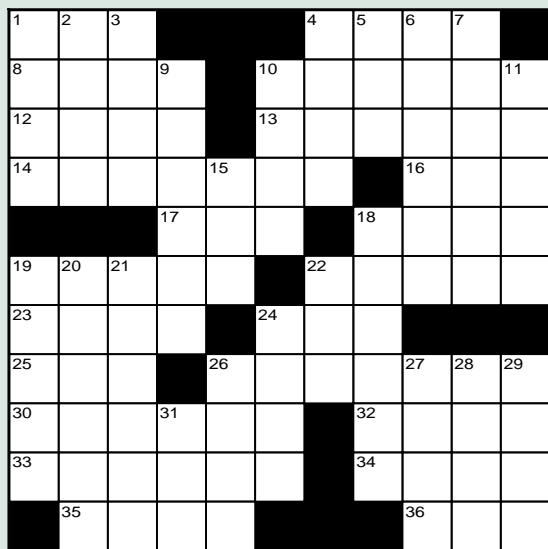
- |                      |       |
|----------------------|-------|
| 1. COATNATADWAA      | _____ |
| 2. DIRUEBLALNIND     | _____ |
| 3. BRBUELSGSIEULSM   | _____ |
| 4. SMAPADIRIND       | _____ |
| 5. TLIRIBPOYLIA      | _____ |
| 6. ACUASNBTREARLIRAA | _____ |
| 7. POWALARSANWD      | _____ |
| 8. JINADOKANERSIATA  | _____ |
| 9. SACNTHAILGOE      | _____ |



# BRAIN-BOOSTING CROSSWORDS

(Answers on page 37)

We have provided two crosswords here to sharpen your puzzle skills. Start with the one on the left, which is the easier puzzle. In this one we have provided solving aids, such as the number of words in multi-word entries. The puzzle on the right is a medium-level puzzle and the number of words in the answers have been eliminated. The second puzzle is also a thematic puzzle: the title "Just a Quick Note" is a hint. Have fun testing your knowledge while doing something that's good for you!



## Across

1. Circle part
4. Start to awaken
8. Pilot's stunt
10. Aviators
12. "\_\_\_ Wanna Do" (2 wds.)
13. Cut open
14. Shoreline scavenger (2 wds.)
16. Mild exclamation
17. R followers
18. Group of buffalo
19. Kindergartner's glue
22. Indexes
23. Creative
24. Chocolate shape
25. Undercover gp.

26. Most engaged
30. Biblical queen
32. Intl. pact
33. Deli sandwich
34. Actor Kinnear
35. Broadway lighting
36. Records (abbr.)
11. Wants
15. Shoshonean
18. Taking on workers
19. Certain racehorse
20. Ascended
21. The \_\_\_ of Liberty
22. Vegas intro
24. Incinerate
26. "I've \_\_\_ thinking..."
27. British title
28. Dancer's move
29. Clothes
31. Cable option (abbr.)

## Down

1. Woeful cry
2. Part played
3. Soda type
4. Door part
5. Three (Ital.)
6. Mirror reflections
7. Change back
9. Farm pen
10. First Amendment gp.

## Just a Quick Note

### Across

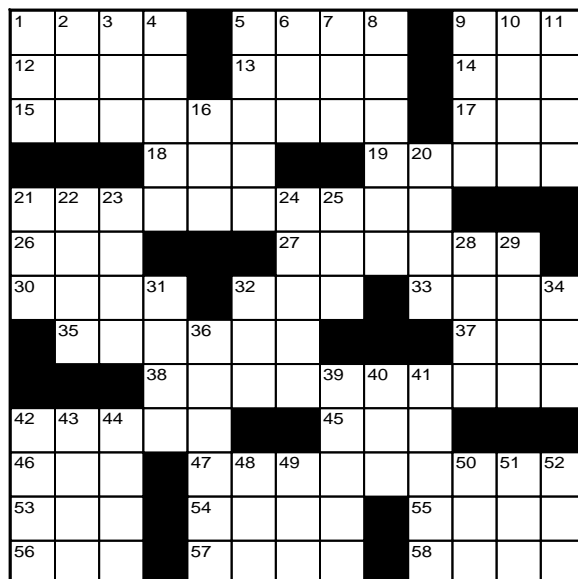
1. PDQ, to your boss
5. Wise men
9. "\_\_\_ Lazy River"
12. Justice Ginsburg
13. Lena of "The Reader"
14. Newsmen Russert
15. Autobiographer
17. Munched on
18. \_\_\_-la-la
19. Actor Hawke
21. Pathway to nostalgia
26. Cool cubes
27. Senior
30. Sills solo
32. NYC transit org.
33. Like sleepers' eyes
35. Clear a drain blockage
37. \_\_\_ crossroads
38. Office document
42. Indian emblem
45. "Are you a man \_\_\_ mouse?"
46. Football

units (abbr.)

47. Edifices for Lincoln and others
53. Korean car company
54. Fail to include
55. Tells a tall tale
56. Always, in poems
57. Pecans, e.g.
58. Whole bunch

### Down

1. Provide weapons
2. "Runaround \_\_\_"
3. Cash machine (abbr.)
4. Picture, for short
5. Eel type
6. Actress MacGraw
7. Enlisted men, for short
8. Propose
9. Neighbor of Nevada
10. Bread for hummus
11. Prayer finale
16. Like some as-is garments (abbr.)
20. Golf pegs
21. Soccer's Hamm
22. Unbleached color
23. Chicken chow \_\_\_
24. Unhand
25. \_\_\_ king
28. Bony fish
29. Ballet garb
31. Top
32. Apple pie baker
34. Scot's cap
36. Matthau's frequent costar
39. Tree parts
40. Departure's opposite (abbr.)
41. Chewed items
42. Small child
43. Garfield's buddy
44. Nicholas or Alexander
48. Ostrichlike bird
49. Major engineering school (abbr.)
50. Be sick
51. Dungarees brand
52. Vane dir.



# BRAIN-BOOSTING PUZZLES

## HIDDEN-MESSAGE WORD-FIND™

The names of these charitable organizations can be found in the letter grid reading across, up and down, and diagonally. When you have found them all, read the leftover letters to discover an apt quote from English author and physician Sir Thomas Browne.

You are looking for a 41-letter phrase.

CITY OF HOPE	MEALS ON WHEELS	M S E M I D F O H C R A M W
		Y E B E C H F A S R E E O I
COMIC RELIEF	RED CROSS	M T A T A E B S L P C R B S
		R F E L C E O B O A L E U L
COVENANT HOUSE	SALVATION ARMY	A F E I S R O H E D R G L A
		N E N I C O F P V W E O C E
EASTER SEALS	SIERRA CLUB	O U A D L O N I L T H O A S
		I M E A Y E S W K E S D R R
GOODWILL	TOYS FOR TOTS	T R T T E I R E H H E W R E
		A E I R O C O C N E V I E T
GREENPEACE	UNICEF	V C G N E T O U I A E L I S
		L H S I W A E K A M M L S A
HUMANE SOCIETY	WORLD VISION	A C O V E N A N T H O U S E
		S T O T R O F S Y O T C H S
MAKE-A-WISH		
MARCH OF DIMES		

## SUDOKU

To complete the puzzle below, fill in the squares so that each digit 1 through 9 appears exactly once in each row, in each column, and in each enclosed nine-unit block.

				9		2	4	6
	4	1			6			
			2		7			5
8	9							2
	1			6			9	
5							1	4
9			3		5			
			9			3	2	
4	3	8		7				

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# PUZZLE ANSWERS

## Match These

1k, 2e, 3d, 4a, 5g, 6c, 7i, 8l, 9f, 10j, 11b, 12h.

## Dropline

No two people are exactly alike, and both of them are glad of it.

## Leapfrog

1. Ottawa, Canada; 2. Dublin, Ireland;
3. Brussels, Belgium; 4. Madrid, Spain;
5. Tripoli, Libya; 6. Canberra, Australia;
7. Warsaw, Poland; 8. Jakarta, Indonesia;
9. Santiago, Chile.

## Hidden Message

Be charitable before wealth makes thee covetous.

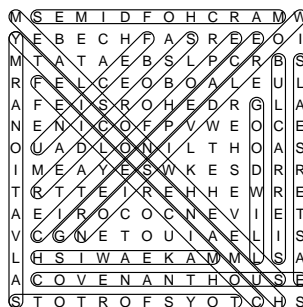
## Crossword 1



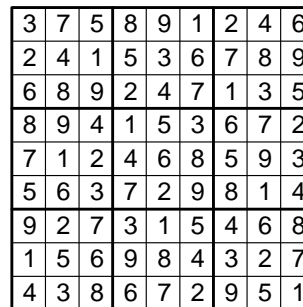
## Crossword 2



## Word-Find



## Sudoku



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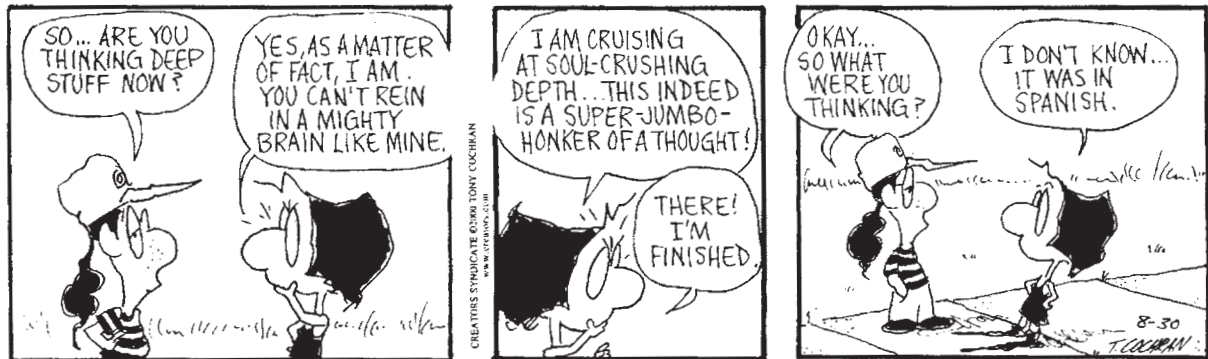
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