

PROJECT: HEALTHY LIVING

The Health Care Committee has expanded the Health Care Program by promoting a more holistic approach to wellness for retirees to include the physical, psychological and social areas that lead to a healthy lifestyle. We hope you will find the following information useful for meetings, newsletters, and as resource materials to order and print for your local unit. Please contact us if we can be of further assistance.

Keep moving,

Pat, Judy, Lou, Hazel and Mary Ann



TRTA State Health Care Committee 2012-2014

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HEALTH RESOURCES

AARP (National Office)

www.AARP.com

1-888-687-2277

1.866.227.7443 (Texas)

Alcohol & Substance Abuse

National Clearinghouse for Alcohol and Drug Information

www.ncadi.samhsa.gov

1-800-729-6686

Alzheimer Foundation of America

www.alzfdn.org

Dallas: 214.827.0062

1-866-AFA-8484

American Cancer Society

www.cancer.org

Dallas: 214.819.1200

1-800-227-2345

American Diabetes Association

www.diabetes.org

Info: 1-800-342-2383

American Heart Association

www.heart.org

1-800-242-8721

American Lung Association

www.lungusa.org

Hotline: 1-800-586-4872

www.texaslung.org

Austin: 512-467-6753

Dallas: 214-631-5864

Houston: 713-629-5864

San Antonio: 210-308-8978

American Public Health Association (APHA)

www.thenationshealth.aphapublications.org

Free E-Newsletters

Cancer

MD Anderson Cancer Center

www.mdanderson.org/publications

Sign up for E-news: *Focused on Health*

National Cancer Institute

www.cancer.gov

Hotline: 1-877-448-7848

Cooper Aerobics- Health & Wellness

www.cooperaerobics.com

Free monthly E-Newsletter

Harvard Medical School

www.health.harvard.edu

Mayo Clinic

www.mayoclinic.com

Free E-Newsletters

Mental Health

Dana Alliance for Brain Initiatives

505 Fifth Ave., 6th Floor, New York, NY 10017

212.223.4040, ext. 652; www.dana.org

www.OurHealthyMinds.com

National Institutes of Health (NIH)

U.S. medical research agency

www.nih.gov

www.go4life.nia.nih.gov/get-started

www.nihseniorhealth.gov

Osteoporosis

National Osteoporosis Foundation

1150 17th St., N.W. # 850,

Washington, D.C. 20036

www.nof.org

1-800-231-4222

Parkinsonism

National Parkinson Foundation

www.parkinson.org

National Number: 1.800.223.2732

Helpline: 1-800-473-4636

Senior Care

Senior Care Directory: www.caring.com

Caring Advisor: 1-866-824-8174

Right at Home: 877-697-7537

Adult Caregiving Guide: www.rightathome.net

Texas Department of Aging & Disability Services

701 W. 51st Street MCW616 Austin, TX 78751

www.dads.state.tx.us #1.800.252.9240

www.agingtexaswell.org

www.texercise.com #1-800-889-8595

Tobacco

National Network of Tobacco Cessation

Free Quitline #: 1-800-784-8669

Free Quitline (TX): 1-877-YES-QUIT

Smoke Free Texas

www.SmokeFreeTexas.org

U.S. Department of Health & Human Services

Quick Guide to Healthy Living

www.healthfinder.gov

Guidelines for Healthy Meetings



The connection between food, physical activity and health are well documented. Offering healthy choices at meetings and other events can make it easier for people to eat healthy foods and be physically active. Making simple changes to foods, drinks and breaks offered at group and community events gives members disease-fighting foods and an energy boost without worries about too many calories, too much unhealthy fat, or too much sedentary time.

- **Serve low-calorie and low-fat foods.**
- Serve fresh fruits and vegetables whenever possible.
- Serve small portions (e.g., cut bagels in halves or quarters, etc.).
- **Serve milk (fat-free or 1%), 100% fruit or vegetable juice, water or iced tea (unsweetened) instead of soft drinks.**
- Lunch and dinner don't have to include a heavy dessert - fresh fruit, a fruit crisp or cobbler, small cookies, etc. are fine options.
- Include a vegetarian option at all meals.
- Provide reduced-fat or low-fat milk for coffee rather than cream or half and half (evaporated skim milk also works well for coffee - make sure it's not sweetened condensed milk).
- **Provide pitchers of water.**
- **Organize physical activity breaks that can be modified or adapted for people of all abilities, such as stretching exercises that can be performed in a seated position.**

Light Refreshments

- Fresh sliced fruit and vegetable tray - offered with low-fat dips;
- Whole grain crackers or granola bars (5g fat or less per serving);
- An assortment of low-fat cheeses and whole grain crackers;
- Pita chips served with hummus;
- Whole grain muffins (halved if not serving mini muffins), whole grain breads;
- Low-fat yogurt; dried fruit mix; almonds;
- Sandwich platters - cut sandwiches in half so people can take smaller portions. Offer mustard and low-fat mayonnaise as condiments on the side. Use whole grain breads.
- Pretzels, popcorn, baked chips, and trail mixes;
- Bagels with low-fat cream cheese or jams - cut bagels in halves or quarters.
- Desserts: frozen yogurt or sorbet, small cookies, small individually wrapped chocolates, fruit crisp.



Developed by the New York State Department of Health Center for Community Health
<http://www.health.ny.gov/community/disability/guidelines.htm>



Aging and Sleep

Along with the physical changes that occur as we get older, changes to our sleep patterns are a part of the normal aging process. As people age they tend to have a harder time falling asleep and more trouble staying asleep than when they were younger. It is a common misconception that sleep needs decline with age. In fact, research demonstrates that our sleep needs remain constant throughout adulthood. So, what's keeping seniors awake? Changes in the patterns of our sleep - what specialists call "sleep architecture" - occur as we age and this may contribute to sleep problems. Sleep occurs in multiple stages including dreamless periods of light and deep sleep, and occasional periods of active dreaming (REM sleep). The sleep cycle is repeated several times during the night and although total sleep time tends to remain constant, older people spend more time in the lighter stages of sleep than in deep sleep.

- In addition to changes in sleep architecture that occur as we age, other factors affecting sleep are the circadian rhythms that coordinate the timing of our bodily functions, including sleep. For example, older people tend to become sleepier in the early evening and wake earlier in the morning compared to younger adults.
- The prevalence of insomnia is also higher among older adults. According to NSF's 2003 *Sleep in America* poll, 44% of older persons experience one or more of the nighttime symptoms of insomnia at least a few nights per week or more. Insomnia may be chronic (lasting over one month) or acute (lasting a few days or weeks) and is often times related to an underlying cause such as a medical or psychiatric condition.
- Snoring is the primary cause of sleep disruption for approximately 90 million American adults; 37 million on a regular basis. Snoring is most commonly associated with persons who are overweight and the condition often becomes worse with age. Loud snoring is particularly serious as it can be a symptom of obstructive sleep apnea (OSA) and is associated with high blood pressure and other health problems.
- Untreated sleep apnea puts a person at risk for cardiovascular disease, headaches, memory loss and depression. It is a serious disorder that is easily treated. If you experience snoring on a regular basis and it can be heard from another room or you have been told you stop breathing or make loud or gasping noises during your sleep, these are signs that you might have sleep apnea and it should be discussed with your doctor.
- Restless legs syndrome (RLS) is a neurological movement disorders characterized by an irresistible urge to move the limbs. With RLS, unpleasant, tingling, creeping or pulling feelings occur mostly in the legs, become worse in the evening and make it difficult to sleep through the night.
- In general, people with poor health or chronic medical conditions have more sleep problems. For example, hypertension is associated with both snoring and OSA and heart failure - which affects approximately 5 million Americans.
- Gastroesophageal reflux disease (GERD) is another common cause of sleep problems. The pain also makes it difficult to sleep. Medical conditions such as diabetes mellitus, renal failure, respiratory diseases such as asthma, and immune disorders are all associated with sleep problems and disorders.

Aging and Sleep - Coping

Here are some things you can do to promote sleep:

- Exercise in the afternoon
- Avoid stimulants such as caffeine for at least 3 or 4 hours before bed
- Try to go to bed at the same time every night and wake at the same time each morning
- Use the bed only for sleep or sexual activity
- Avoid alcohol in the later evening (it increases awakenings later in the night)
- Try taking naps but remember that sleep in the daytime affects sleep at night. You may find that a short (~30 minute) nap in the mid to late afternoon may give you energy in the second half of your day, but realize that such a nap can decrease your nighttime sleep need so that it may take you longer to fall asleep or you may sleep for a shorter time

If you can't fall asleep after 20 minutes, get out of bed and do a quiet relaxing activity such as reading or listening to music. When you feel sleepy, get back in bed and try again. If not successful in 20 minutes, repeat.



<http://www.sleepfoundation.org/>

Losing Weight

American Heart Association (www.heart.org)



Reduce calories in and increase calories out.

Losing weight means changing the balance of calories in to calories out. If we eat more calories than we need, we gain weight. If we eat fewer calories than we use, we lose weight.

So start with good information: you need to know how many calories you should eat each day for your individual level of activity, and then you'll need to find ways to stay within your limits.

Find out your personal daily calorie intake and fat needs. To lose weight, you must use up more calories than you take in. One pound equals 3,500 calories. To successfully and healthfully lose weight—and keep it off—most people need to subtract about 500 calories per day from their diet to lose about 1 pound per week.

Educate yourself (go to www.heart.org/gettinghealthy/weightmanagement)

- Visit our **Healthy Cooking website**, and learn to use nutritious ingredients and follow a healthy preparation routine.
- **Learn to eat healthy when you dine out. And more, lots more.....**

5 Goals to Healthy Eating

Eating healthy is easier than you might think. Add these simple healthy eating habits to your daily life over the next few weeks and you'll see just how easy it is. By making small changes like these over time, and taking them one at a time, not trying to rush into all of them at once, the changes are more likely to stick.

1. **Eat more fruits and vegetables.** Aim for 4-5 servings each of fruits and vegetables every day, if you consume a 2,000 calorie diet. Vegetable or 100% fruit juice counts toward this goal.
2. **Eat more whole-grain foods.** Like fruits and vegetables, whole-grain foods are low in saturated fat and cholesterol and rich in fiber. Whole-grain foods include whole-wheat bread, rye bread, brown rice and whole-grain cereal.
3. **Use olive, canola, corn or safflower oil as your main kitchen fat.** Limit how much fat or oil you use in cooking, and use liquid vegetable oils such as olive, canola, corn and safflower oils in place of solid fats.
4. **Eat more chicken, fish and beans than other meats.** In general, skinless poultry, fish and vegetable protein (such as beans) are lower in saturated fat and cholesterol than other meats (beef, pork and lamb).
5. **Read food labels to help you choose healthy foods.** Food labels provide information to help you make better food choices. Learn what information to look for (for example, sodium content) and how to find it quickly and easily.

For more information on the American Heart Association Diet and Lifestyle Recommendations: Call 1-800-AHA-USA1 to order a free consumer-friendly brochure.

BINGO for Health

Create bingo cards at www.print-bingo.com to use at a meeting. Using the free space in the middle and typing in twenty-four (24) words, the words will be rearranged automatically. Use as a game or teaching tool. Lots of options!

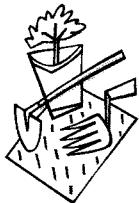


Mileage Equivalents



Regular physical activity has so many proven benefits, such as to help control weight and blood pressure and decrease the risk for heart disease and stroke. All healthy adults (ages 18 to 64) should get at least 2 hours and 30 minutes (150 minutes) of moderate-intensity aerobic physical activity (e.g., brisk walking) every week or 1 hour and 15 minutes (75 minutes) of vigorous intensity aerobic physical activity (e.g., jogging, running) every week. Additionally, you need on 2 or more days a week muscle-strengthening activities that work all major muscle groups (legs, hips, back, abdomen, chest shoulders, and arms). Besides helping you lose weight, it also helps reduce your abdominal fat and preserve muscle during weight loss.

The amount of physical activity any individual person needs for weight loss can vary, but you will need to get both regular physical activity and a healthy eating plan to lose weight and keep it off. Find something you can do and find ways to enjoy it. Take a brisk walk or a jog with a friend or your dog. American Heart Association (www.heart.org)



Activity	Actual Miles/Minutes	Recorded Miles
Walking, stroll (2 mph)	30 minutes =	1 mile
Walking, typical pace (3 mph)	30 minutes =	1.5 miles
Walking, brisk (4 mph)	30 minutes =	2 miles
Cycling/Mountain Biking (13 mph)	7 miles =	1 mile
Spinning	30 minutes =	2 miles
Aerobics (moderate intensity)	30 minutes =	1 mile
Stairmaster (moderate intensity)	15 minutes =	1 mile
Swimming (30 yrd/min)	1 mile =	1 mile
Garden, push mowing	30 minutes =	2.25 miles
Garden, raking	30 minutes =	1 mile
Garden, planting	30 minutes =	1.5 miles
Dancing, moderate to rapid	20 minutes =	1 mile

Source: Walk Across Texas! http://walkacrosstexas.tamu.edu/wat_mileage_equivalents.htm

STAY ACTIVE AS YOU GET OLDER: QUICK TIPS

- 1) Aim for 2 hrs. and 30 min. a week of moderate aerobic activities. Start slowly, 10 min build to 30 min daily
- 2) Do strengthening activities 2 days a week. Try using exercise bands, hand weights, cans of food.
- 3) Do balance activities 3 or more days a week. Stand on one foot, stand from a sitting position, try yoga.

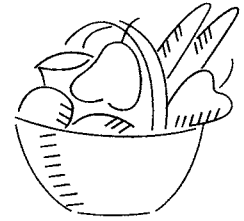
For more info. about staying active as you get older, visit: www.go4life.nih.gov/get-started

National Institute on Aging: Order a FREE copy of "Your Everyday Guide from the NIA on Exercise & Physical Activity" from <http://go4life.nia.nih.gov/> . Sign up for free email updates by visiting www.NHSeniorHealth.gov, the senior-friendly website from the National Institute on Aging and the National Library of Medicine. This website is easy to use; you can enlarge the text & even make it talk!



HEALTHY COOKING SUBSTITUTIONS

Want to maintain a healthy weight--and make your body more fit to fight cancer? Trimming calories and fat from the foods you eat can help. Unless otherwise noted, substitute the same amount as the original recipe calls for.



Instead of:	Substitute:
Bacon	Lean turkey bacon
Bread crumbs.....	Toasted wheat germ or whole wheat bread crumbs
Butter, margarine or oil (1 cup).....	1/2 cup apple butter or applesauce
Butter, margarine, or vegetable oil.....	Cooking spray, chicken or vegetable broth, or olive oil
Canned cream soups.....	Canned broth-based soups
Cheese (cheddar, Swiss, jack).....	Reduced-fat/part-skim cheese
Cream.....	Evaporated fat-free milk
Cream (for soup thickening).....	Pureed potatoes or vegetables
Cream cheese (1 cup).....	1/2 cup ricotta cheese pureed w/ 1/2 cup fat-free cream cheese
Eggs (1 egg).....	2 egg whites or 1/4 cup egg substitute
Flour (all-purpose, 1 cup).....	1 c whole wheat flour or 1/2 c whole wheat flour + 1/2 cup all-purpose flour
Ground beef.....	Extra-lean ground beef or ground turkey breast
Mayonnaise.....	Reduced-fat or fat-free mayonnaise
Meat/poultry for stir-fry.....	Extra-firm tofu, cubed
Oil and vinegar dressing..... (3 parts oil to 1 part vinegar)	1 part olive oil+ 1 part flavored vinegar + 1 part orange juice
Sour cream.....	Fat-free sour cream or unflavored Greek yogurt
Tuna (oil packed).....	Water-packed tuna (rinse to reduce sodium)
White rice.....	Brown rice, bulgur, kasha, quinoa or whole wheat couscous
Whole milk.....	Fat-free milk

Source: MD Anderson Cancer Center; www.mdanderson.org/focused

HEALTHY BAKING SUBSTITUTES

Instead of:	Substitute:
Buttermilk (full fat).....	Low-fat or fat-free buttermilk
Chocolate (milk or white).....	Dark chocolate
Frosting.....	Pureed fruit or "dust" with powdered sugar
Fruit canned in heavy syrup.....	Fresh fruit or fruit canned in water or own juice
Fudge sauce.....	Chocolate syrup
Milk, evaporated.....	Evaporated skim milk
Milk, whole.....	Skim/fat-free milk
Pastry dough.....	Graham cracker crumb crust
Sweetened condensed milk (full fat).....	Low-fat or nonfat sweetened condensed milk
Syrup.....	Applesauce, honey or reduced calorie, sugar-free syrup
Unsweetened baking chocolate (1 oz).....	3 Tbsp. unsweetened cocoa powder PLUS 1 Tbsp. vegetable oil or margarine



Want to add some cancer-fighting power to your holiday sweets? All it takes is a little dark chocolate. Research suggest that the antioxidants in dark chocolate help protect the body from cancer. Added bonus: eating small amounts of chocolate may reduce your chances of both heart disease and stroke.

Source: MD Anderson Cancer Center; www.mdanderson.org/focused



Build a Cancer-Fighting Meal

Pick an item from each food group to fill your plate.
See if your final choices add up to the target calorie range.

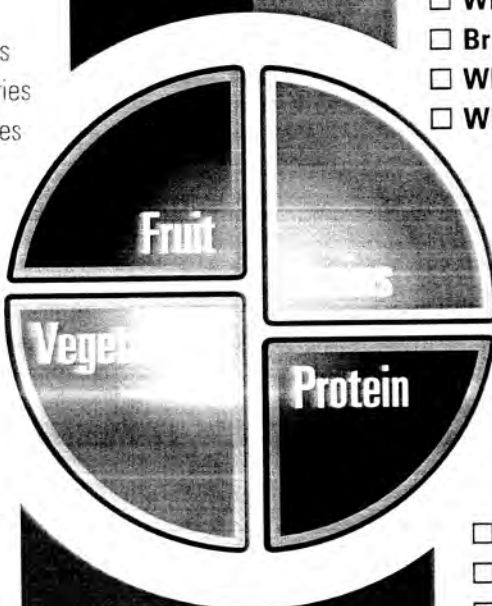
Foods listed contain no added fat or salt.

Fruit

- Apples: 1 medium apple - 70 calories
- Oranges: 1 medium orange - 85 calories
- Red or purple grapes: 1 cup - 105 calories
- Fresh or frozen berries: 1 cup - 70 calories
- Melon wedge:
1/8 of medium melon - 23 calories

Grains

- Wild rice: 1 cup cooked - 166 calories
- Brown rice: 1 cup cooked - 216 calories
- Whole grain bun or bread: 2 slices - 150 calories
- Whole wheat pasta: 1 cup cooked - 172 calories
- Corn: 1 medium ear - 96 calories



Vegetables

- Sweet potatoes: 1/2 cup - 90 calories
- Broccoli: 1/2 cup - 27 calories
- Collard Greens: 1/2 cup - 20 calories
- Tomatoes: 1/2 cup - 16 calories
- Onions: 1/2 cup - 24 calories

Protein

- Skinless chicken: 1/2 cup cooked - 142 calories
- Lean turkey: 1/2 cup cooked - 115 calories
- Lean redfish: 1/2 cup cooked - 127 calories
- Tilapia: 1 filet - 112 calories
- Beans: 1/2 cup cooked - 122 calories

Condiments

- Olive oil: 1 Tbsp - 120 calories
- Canola oil: 1 Tbsp - 120 calories

Salad dressing:

- Low fat: 2 Tbsp - 60 calories
- Fat free: 2 Tbsp - 35 calories

Add spices like turmeric, garlic and lemon for extra flavor without the extra calories.

Total Calories
for My Plate:

Men:
500 calories per meal

Women:
400 calories per meal

THE UNIVERSITY OF TEXAS
**MD Anderson
Cancer Center**

Making Cancer History®

Check out the delicious, cancer-fighting recipe on the back

Putting It All Together: A Sample Beverage Plan

Your body would be perfectly content if you drank nothing but water. You would get all the fluid you need, and you would get all of your nutrients from food. But with so many choices available, most people drink a variety of beverages. Here's one way the Panel suggests getting less than 10 percent of daily calories from beverages:



- ✓ At least half of your daily fluid should come from water. For a person who needs 12 cups of fluid a day, that would mean six cups of water. More is fine—up to 100% of your daily beverage needs.
- ✓ About one-third (or about three to four cups) can come from unsweetened coffee or tea. If you flavor your coffee or tea with a lot of sugar, cream, or whole milk, then drinking less would help manage weight. If you take a pass on coffee or tea, choose water instead.
- ✓ Low-fat milk can make up another 20 percent, or about two 8-ounce glasses. Less is fine, just make sure you get your calcium from another source.
- ✓ A small glass (4 ounces) of 100% fruit juice, and no more than 1 to 2 alcoholic drinks for men or no more than 1 for women.
- ✓ Ideally, zero "diet" drinks made with artificial sweeteners, but up to 1 to 2 glasses (8 to 16 ounces) a day (this is adapted from the Beverage Guidance Panel's original recommendation of up to 32 ounces per day).
- ✓ Ideally, zero drinks sweetened with sugar or high-fructose corn syrup, but up to a maximum of 8 ounces.

<http://www.hsph.harvard.edu/nutritionsource/healthy-drinks/healthy-drinks-full-story/index.html#guidelines>

Putting Calcium in Your Diet

The government recommends 1,000 milligrams for adults ages nineteen to fifty, 1,200 milligrams for adults fifty-one or older, and 1,200–1,500 milligrams for postmenopausal women. A diet with plenty of (mostly low-fat) dairy products should do the trick (see list below). If not, a calcium citrate supplement can make up the difference.

<p>(Chart figures mostly from USDA National Nutrient Database for Standard References, Release 21)</p> <p>Food: Calcium-fortified cereal (brand: Total) Amount: 3/4 cup Calcium (mg): 1,000</p> <p>Food: Yogurt, low-fat, plain Amount: 8 oz Calcium (mg): 415</p> <p>Food: Calcium-fortified orange juice Amount: 1 cup Calcium (mg): 350</p> <p>Food: Sardines Amount: 3 oz Calcium (mg): 325</p>	<p>Food: Spinach, cooked Amount: 1 cup Calcium (mg): 291</p> <p>Food: Milk, low-fat Amount: 1 cup Calcium (mg): 290</p> <p>Food: Soy milk, fortified Amount: 1 cup Calcium (mg): 300</p> <p>Food: Cottage cheese, low-fat Amount: 1 cup Calcium (mg): 206</p> <p>Food: Cheddar cheese, reduced-fat Amount: 1 oz Calcium (mg): 200</p> <p>Food: Salmon, canned, w/bones Amount: 3 oz Calcium (mg): 181</p>	<p>Food: Tofu, processed with calcium Amount: 1/4 block Calcium (mg): 163</p> <p>Food: Almonds Amount: 1/3 cup Calcium (mg): 110</p> <p>Food: Beans, cooked Amount: 1/2 cup Calcium (mg): 25–65</p> <p>Food: Broccoli, cooked Amount: 1 cup Calcium (mg): 61</p> <p>http://www.tipsonhealthyliving.com/diet-and-fitness/14-calcium-rich-foods-you-need-to-eat-right-now</p>
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Side Effects of Drinking Diet Sodas



Although weight-loss articles often suggest drinking diet soda in place of full-calorie counterparts, health experts warn that the beverage's long-term side effects may not be worth the short-term benefit of consuming fewer calories.

Loss of Calcium

According to the American College of Sports Medicine (ACSM), high level of phosphates from diet soda leeches calcium out of the bones. Daily consumption of diet soda makes you three to four times more likely to suffer from a stress fracture and at an increased risk for osteoporosis.

Dehydration

Caffeine from diet soda triggers the kidneys to increase urine production, which results in an increased loss of water in the body. Dehydration can lead to dizziness, headaches, racing heartbeats and even death.



Aspartame

The low-calorie sweetener, aspartame, is found in most diet sodas. The U.S. Food and Drug Administration (FDA) claims the ingredient is safe to consume; however, several side effects involving the ears, eyes, chest, skin, neurological system, gastrointestinal system and metabolic system, as well as psychological conditions, have been linked to its use. Hugo Rodier, M.D., author of "Sweet Death," suggests that drinking beverages containing aspartame leads to weight gain.

Benzene

In 2005, the FDA received reports that the carcinogen benzene was present in soft drinks containing benzoate salts and ascorbic acid. An FDA study found that the level of benzene in most drinks was below the U.S. standard for drinking water. The World Health Organization confirms that benzene causes cancer and that no safe level of exposure to benzene can be recommended.



Effects

People who regularly consume diet drinks may experience increased sugar cravings triggered by the drinks' artificial sweeteners, according to the Mayo Clinic. Though diet sodas contain fewer calories than regular sodas, they may encourage poor food choices in other areas. Soda drinkers accustomed to sugary-tasting drinks may begin to find non-sweetened foods bland.

Expert Insight

Adults who drink one or more regular or diet sodas each day may face a higher risk of developing metabolic syndrome, type 2 diabetes, kidney stones and chronic kidney disease, according to the Mayo Clinic. Data from the Framingham Heart Study revealed a link between diet soda drinkers and heart disease and type 2 diabetes, the Cleveland Clinic points out. The author of the study, Dr. Ramachandran Vasam, suggests that regular and diet soda drinkers tend to follow diets high in fat and sugar and low in fiber. They also tend to lead a more sedentary lifestyle, suggests Vasam. Thus, some of the increased disease risks associated with diet sodas may have more to do with the dietary and lifestyle choices diet soda drinkers make than with the drinks themselves, according to the Cleveland Clinic and the Mayo Clinic.

Bottom Line

Drinking diet soda to lose weight may reduce your calorie intake, but it offers no nutritional benefits and could lead to negative health consequences over time. The ACSM recommends drinking water or mixing juice and water at a 1:1 ratio.

Read more: <http://www.livestrong.com/article/18690-side-effects-drinking-diet-soda/#ixzz2Ck1r1785>



SHAKE THE SALT HABIT



The Centers for Disease Control and Prevention (CDC) concurs. The average American consumes 3,436 milligrams of sodium per day. But according to a recent CDC report, no one should consume more than 2,300 mg per day. In fact, 69 percent of people should be limiting their sodium to under 1,500 mg per day -- the amount found in about two-thirds of a teaspoon of salt and less than half of what the average American consumes. Should *you* be on a low-sodium diet? The answer is yes, if you ...

- are over 40 years of age (because heart disease and stroke usually strike older people).
- have high blood pressure (because salt aggravates it).
- are African-American (because African-Americans are at greater risk of high blood pressure than are other racial groups).

Over the past 30 years, Americans have been cooking less, buying more packaged and processed foods, and eating out more. As a result, salt consumption has increased by 50 percent -- and rates of high blood pressure have risen along with it.

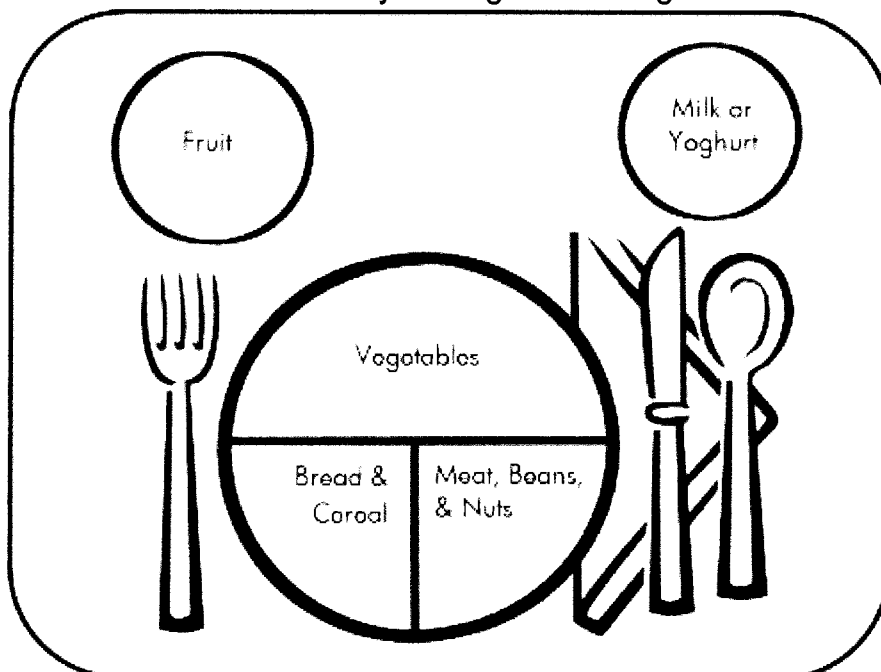
To cut down on sodium:

- **Skip the salt when cooking -- use spices and herbs instead. At the table, use the pepper mill or fresh lemon juice instead of the salt shaker.**
- **Choose low- or reduced-sodium versions of packaged foods and condiments.**
- **Limit smoked or cured foods (such as deli meats, bacon and ham) and foods packed in brine (such as pickles and olives).**
- **Rinse canned foods, such as tuna and beans, to wash away some of the sodium.**
- **Whenever you feel like snacking on chips, reach for fruit, carrot sticks or other raw veggie.**
- **Instead of fries, order a baked potato.**
- **Instead of a TV dinner, have a green salad, fruit and a bagel with peanut butter or cheese.**
- **Instead of frozen pizza, make a big pot of hearty bean and vegetable soup. Divide it into individual servings and freeze. Using a microwave, you can eat in minutes.**
- **When eating out, ask that your food be prepared without salt.**

And don't forget to read food labels. Look for the word "sodium": sodium chloride, monosodium glutamate, disodium phosphate, sodium benzoate, etc. Then check the nutrition information and add up the amounts you eat in a day. If you're like most Americans, you'll be surprised.

Source: http://www.liverightlivewell.com/diet/shake_salt_habit/index.html#ixzz2CiNN3d1M

New Healthy Eating Plate Diagram



Women: Screening Exams by Age

<http://www.mdanderson.org/publications/focused-on-health/issues/2011-january/womenexams.html>

Take this checklist to your next doctor's appointment. Your doctor can help you develop a more tailored screening plan if needed. These exams are for women at average risk of cancer. If you believe you may be more likely to develop cancer because of your personal or family medical history, visit our screening guidelines page to learn about exams for women at increased risk.

Ages 20 – 29

- **Clinical breast exam** every one to three years to check for breast cancer
- **Liquid-based Pap test** every two years to check for cervical cancer, starting at age 21

Ages 30 - 39

- **Clinical breast exam** every one to three years to check for breast cancer
- **Liquid-based Pap test and HPV test** every three years to check for cervical cancer

Ages 40-49

- **Mammogram and clinical breast exam** every year to check for breast cancer
- **Liquid-based Pap test and HPV test** every three years to check for cervical cancer

Ages 50-59

- **Mammogram and clinical breast exam** every year to check for breast cancer
- **Liquid-based Pap test and HPV test** every three years to check for cervical cancer
- **Colonoscopy** every 10 years to check for colorectal cancer

Ages 60 and older

- **Mammogram and clinical breast exam** every year to check for breast cancer
- **Liquid-based Pap test and HPV tests** every three years to check for cervical cancer
 - Starting at age 65, if you've had three or more negative Pap tests, and no positive Pap test in the last 10 years, speak with your doctor about whether you should continue screening.
- **Colonoscopy** every 10 years to check for colorectal cancer
 - MD Anderson does not recommend colorectal cancer screening for men and women age 85 and older. If you're age 76 to 85, your doctor can help you decide if you should continue screening.

Regardless of your age, practice breast awareness. This means you should be familiar with your breasts so that they will notice any changes and report them to your doctor without delay.



Men: Screening Exams by Age

<http://www.mdanderson.org/publications/focused-on-health/issues/2011-september/mencancerscreeningexam.html>

Take this checklist to your next doctor's appointment. Your doctor can help you develop a more tailored screening plan if needed. These exams are for men at average risk of cancer. If you believe you may be more likely to develop cancer because of your personal or family medical history, visit our screening guidelines page to learn about exams for men at increased risk.

All Ages (20 and older)

Men older than age 20 should practice testicular and skin awareness. This means you should be familiar with your skin and testicles. Look for changes, so that you can report any differences to your doctor without delay. Testicular cancer is more commonly found in younger men, and it's very curable when found in its early stages. Screening exams play an important role in finding this cancer early.

Ages 45-49

- **Digital Rectal Exam and PSA Test** every year to check for prostate cancer if you are African American or have a family history (father, brother, son) of prostate cancer. If you are not African American or do not have family history, you should start screening at age 50.

Ages 50-84

- **Digital Rectal Exam and PSA Test** every year to check for prostate cancer
- **Colonoscopy or Virtual Colonoscopy** every 10 years to check for colorectal cancer

Age 85 and older

MD Anderson does not recommend colorectal and prostate cancer screening for men age 85 and older. If you're age 76 to 85, your doctor can help you decide if you should continue screening.



Alcohol Use: Rethinking Drinking

For an online version of this booklet with interactive features and additional resources, visit ***RethinkingDrinking.niaaa.nih.gov*** (excerpt below)

What are symptoms of an alcohol use disorder?

See if you recognize any of these symptoms in yourself. In the past year, have you

- had times when you ended up drinking **more, or longer**, than you intended?
- more than once wanted to **cut down or stop** drinking, or tried to, but couldn't?
- more than once gotten into situations while or after drinking that **increased your chances of getting hurt** (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?
- had to drink **much more** than you once did to **get the effect** you want? or found that your **usual number** of drinks had **much less effect** than before?
- continued to drink even though it was making you feel **depressed or anxious** or adding to **another health problem**? or after having had a **memory blackout**?
- spent a **lot of time** drinking? or being sick or getting over other aftereffects?
- continued to drink even though it was causing **trouble** with your **family or friends**?
- found that drinking—or being sick from drinking—often **interfered with taking care** of your **home or family**? or caused **job** troubles? or **school** problems?
- **given up or cut back on activities** that were important or interesting to you, or gave you pleasure, in order to drink?
- more than once gotten **arrested**, been held at a police station, or had other **legal problems** because of your drinking?
- found that when the effects of alcohol were wearing off, you had **withdrawal symptoms**, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? or sensed things that were not there?



If you **don't** have symptoms, then staying within the low-risk drinking limits on page 4 will reduce your chances of having problems in the future.

If you **do** have any symptoms, then alcohol may already be a cause for concern. The more symptoms you have, the more urgent the need for change. A health professional can look at the number, pattern, and severity of symptoms to see whether an alcohol use disorder is present and help you decide the best course of action.

Printed copies of Rethinking Drinking may be ordered by writing to:

National Institute on Alcohol Abuse and Alcoholism

Publications Distribution Center

P.O. Box 10686

Rockville, MD 20849-0686

Cost: FREE; Shipping and handling is **free** within the United States.

You may order **free** printed copies of Rethinking Drinking by submitting the online form

listed on the website: <http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/OrderPage.htm>

Professional help

Your regular doctor. Primary care and mental health practitioners can provide effective alcoholism treatment by combining new medications with brief counseling visits. See "Helping Patients Who Drink Too Much" at www.niaaa.nih.gov/guide or call 301-443-3860.

Specialists in alcoholism. For specialty addiction treatment options, contact your doctor, health insurance plan, local health department, or employee assistance program.

Alcoholics Anonymous (AA); www.aa.org; 212-870-3400 or check your local phone directory

SMOKING AND TOBACCO USE

Tobacco use, particularly cigarette smoking, is the single most preventable cause of death in the United States. The number of deaths per year from smoking exceeds the number of deaths per year from accidents, suicides, drug use, homicides and AIDS combined. An estimated 44 million U.S. adults are smokers, and almost 20 percent or one quarter of all U.S. high school students smoke cigarettes.

Hazards of Tobacco Use

Smoking is responsible for 87 percent of all lung cancer deaths in the United States and one-third of all cancer deaths. In addition, smoking is a major cause of heart disease, cerebrovascular disease, chronic bronchitis, emphysema, and is associated with stomach ulcers. Smoking also is linked to cancers of the bladder, kidney, pancreas, cervix, pharynx, larynx, esophagus and mouth. Smoking by pregnant women may result in injury to the fetus, premature birth and low birth weight.



Chewing tobacco and dipping snuff are not safe alternatives to smoking either. They are just as addictive and can cause cancers of the mouth and throat at a young age.

Benefits of Quitting Smoking

The benefits of quitting smoking are immediate and significant. Almost instantaneously, a person's circulation, pulse rate and blood pressure begin to improve and the carbon monoxide level in the blood begins to decline. Within a few days of quitting, a person's senses of taste and smell start to return, and breathing becomes increasingly easier.

Smokers who quit, regardless of age, live longer than those who continue to smoke. After 10 to 15 years, an ex-smoker's risk of premature death approaches that of a person who has never smoked. About 10 years after quitting, the risk of dying from lung cancer is 30 to 50 percent less than the risk for those who continue to smoke. Quitting also lowers the risk for other diseases, including heart disease and chronic lung disease.

Visit www.mdanderson.org/preventionstudy to learn about tobacco cessation studies at MDACC.

Source: www.mdanderson.org/publiceducation

Breathe clean air

It's also important to avoid other people's smoke. The link between secondhand smoke (also called environmental tobacco smoke) and disease is well known, and the connection to cardiovascular-related disability and death is also clear. Each year about 38,000 people die from heart and blood vessel disease caused by other people's smoke. Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25–30 percent. **American Heart Association (www.heart.org)** Check out www.smokefreetexas.org

Resources for Quitting Smoking

Many people find support groups and hotlines helpful when quitting smoking. Knowing that someone out there understands and shares your struggle can help you stay committed to being smoke-free. These organizations may offer personalized help or listings of classes and support groups in your community.

- **American Cancer Society**
Toll-free hotline: 1-800-ACS-2345 (1-800-227-2345); www.cancer.org
- **American Lung Association**
Toll-free hotline: 1-800-LUNGUSA (1-800-586-4872); www.lungusa.org
- **National Cancer Institute**
Toll-free hotline: 1-877-44U-QUIT (1-877-448-7848); www.smokefree.gov
- **National Institutes of Health – Clinical Trials on Smoking Cessation**
<http://clinicaltrials.gov/search/open/condition=%22Smoking+Cessation%22>
- **National Network of Tobacco Cessation Quit lines**
Toll free hotline: 1-800-QUITNOW (1-800-784-8669)



Types of Medication Older Adults Should Use With Caution

If you're over 65, think twice before taking these drugs.

<http://www.aarp.org/health/drugs-supplements/info-07-2011/medications-older-adults-should-use-with-caution.html>

As you grow older, you're more likely to develop long-term health conditions that require taking multiple medications. You're also more sensitive to many common medications, including over-the-counter (OTC) drugs. As a result, it's not uncommon for older adults to be overmedicated and to experience adverse reactions to the ever-lengthening list of medications they take.

Ask Questions

A person's age can impact the effectiveness and side effects of the medications he or she takes.

When taking a new medication, ask your doctor or pharmacist these important questions:

1. When and how should I use this new drug?
2. What is the purpose of the medication?
3. What should I do if I miss a dose?
4. Will the drug interact with other medications, vitamins or supplements I'm taking?
5. Is a generic or lower-cost brand name medication available?
6. What side effects, reactions or warning signs should I watch for?



To lower the chances of overmedication and dangerous drug reactions, the American Geriatrics Society Foundation for Health in Aging recommends that people age 65 and over be cautious about using the following types of drugs:

1. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Be cautious of: long-lasting NSAIDs such as piroxicam (sold under brand-name Feldene) & indomethacin (Indocin). **The concern:** NSAIDs are used to reduce pain and inflammation, but in older adults these medications can increase the risk of indigestion, ulcers and bleeding in the stomach or colon; they can also increase blood pressure, affect your kidneys and make heart failure worse. If NSAIDs are needed, better choices include the shorter-acting ibuprofen (Motrin) and salsalate (Disalcid).

Because of the increased risk of bleeding, don't use NSAIDs together with aspirin, clopidogrel (Plavix), dabigatran (Pradaxa), dipyridamole (Persantine), prasugrel (Effient), ticlopidine (Ticlid) or warfarin (Coumadin). If you take NSAIDs regularly and have a history of ulcers, or are 75 years of age or older, you may need to protect your stomach against bleeding with a prescription medication such as misoprostol (Cytotec) or a proton pump inhibitor such as omeprazole (Prilosec).

2. Muscle relaxants

Be cautious of: cyclobenzaprine (Flexeril), methocarbamol (Robaxin), carisoprodol (Soma) and similar medications. **The concern:** These medications can leave you feeling groggy and confused, increase your risk of falls, and cause constipation, dry mouth and urination problems. Plus, there's little evidence that they work well.

3. Anti-anxiety and anti-insomnia drugs

Be cautious of: benzodiazepines, such as diazepam (Valium), alprazolam (Xanax) or chlordiazepoxide (Librium, Limbitrol, Librax) as well as sleeping pills, such as zaleplon (Sonata) and zolpidem (Ambien).

The concern: In older adults especially, these medications can increase your risk of falls, as well as cause confusion. Because it takes your body a long time to get these drugs out of your system, you could feel groggy and sleepy for an extended period of time.

4. Anticholinergic Drugs

Be cautious of: medications including the antidepressants amitriptyline (Elavil) and imipramine (Tofranil), the anti-Parkinson's drug trihexyphenidyl (Artane), the irritable bowel syndrome drug dicyclomine (Bentyl) and the overactive bladder drug oxybutynin (Ditropan).

The concern: Anticholinergic drugs can cause confusion, constipation, urination problems, blurry vision and low blood pressure.

New Medications & You

If you experience new health problems after starting a new medication, you may be having a reaction to the drug. If so, tell your health care provider right away. If you have a serious reaction, such as difficulty breathing or swelling in your throat, call 911 and go to the emergency room immediately.

INDIVIDUAL HEALTH REVIEW

Name _____ Date of Birth _____

DRUG ALLERGIES/REACTIONS _____

MEDICAL CONDITIONS _____

ALL MEDICATIONS AND SUPPLEMENTS TAKEN DAILY OR OCCASIONALLY
(Name, Dose, Directions)

DATE OF LAST VACCINATIONS
Tetanus _____ Pneumonia _____ Flu _____
Other _____

FAMILY DOCTOR/PRIMARY CARE PRACTITIONER
Name _____ Telephone _____
Address _____ Email _____

EMERGENCY CONTACT
Name _____ Telephone _____
Address _____ Email _____

INSURANCE COVERAGE
Medicare Claim # _____ Entitled to _____ Part A _____ Part B

OTHER COVERAGE
Name of Company _____ Policy # _____
Telephone # _____

LIVING WILL _____ Yes _____ No Are you an Organ Donor _____ Yes _____ No

DURABLE POWER OF ATTORNEY
Name _____ Telephone _____
Address _____

- Carry a copy of your EKG, especially if it is abnormal

7 Things Your Teeth Say About Your Health



Be alert to these warning signs of trouble.

<http://www.caring.com/articles/oral-health-warning-signs-6-7>

Stay attuned to the following warnings, and have worrisome symptoms checked out by a dentist or doctor.

Dental warning #1: Flat, worn teeth plus headache

Sign of: Big-time stress

Many people are surprised to learn they're tooth-grinders. After all, they do this in their sleep, when they're not aware of it. And they underestimate the physical toll that stress can place on the body. "Crunching and grinding the teeth at night during sleep is a common sign of emotional or psychological stress," says Iacopino. You can sometimes see the flatness on your own teeth, or feel it with the tongue. Or the jaw may ache from the clenching.

What else to look for: Headaches, which are caused by spasms in the muscles doing the grinding. Sometimes the pain can radiate from the mouth and head down to the neck and upper back, Iacopino says. Mouth guards used at night can relieve the symptoms and protect teeth.

Dental warning #2: Cracking, crumbling teeth

Sign of: Gastroesophageal reflux disease (GERD)

Older adults, especially, are vulnerable to teeth that appear to be cracking or crumbling away. The enamel becomes thin and almost translucent. But this erosion isn't a normal consequence of aging. In fact, it can happen at any age.

Disintegrating teeth are usually caused by acid that's coming up from the stomach and dissolving them, Iacopino says. The cause: Gastroesophageal reflux disease (GERD, also called acid reflux disease). GERD causes stomach acid to back up into the esophagus -- and from there, it's a short distance to the mouth for some of the damaging acid. GERD is a chronic disorder caused by damage or other changes to the natural barrier between the stomach and the esophagus.

What else to look for: Dry mouth and heartburn are related GERD symptoms. (But in an older adult in someone else's care -- in a nursing home, for example -- these complaints may go unreported.) Cracking or chipping teeth in a younger person is also a telltale sign of bulimia, the eating disorder in which the sufferer causes herself (or himself) to vomit before digesting. Same net result: Stomach acid washes up into the mouth, over time disintegrating the tooth enamel.

Dental warning #3: Sores that won't go away

Sign of: Oral cancer

Many people bite the insides of their mouth as a nervous habit. Others sometimes bite the gum accidentally, creating a sore. But when an open sore in the mouth doesn't go away within a week or two, it always warrants showing to a dentist or doctor. "We all injure our oral tissues, but if an area persists in being white or red rather than the normal healthy pink, this needs to be evaluated to rule out oral cancer," says Susan Hyde, an associate professor of clinical dentistry at the University of California, San Francisco, School of Dentistry.

More than 21,000 men and 9,000 women a year are diagnosed with oral cancer, according to the National Cancer Institute. Most are over age 60. Oral cancer has a survival rate of only 35 percent, Iacopino says, but this is mainly because cases are often detected too late. Smokers are six times more likely to develop oral cancer, but one in four oral cancers develop in non-smokers.

What else to look for: Suspicious oral ulcers tend to be raised sores and often have red or white (or red and white) borders. They may lurk underneath the tongue, where they're hard to see. Bleeding and numbness are other signs, but sometimes the *only* sign is a sore that doesn't seem to go away. A biopsy usually follows a visual check.

Choosing your medical options wisely is important. Check out www.ChoosingWisely.org, a website set up by several highly respected medical organizations.

7 Things Your Teeth Say About Your Health (continued)



Dental warning #4: Gums growing over teeth

Sign of: Medication problems

If you notice your gum literally growing over your tooth, and you're taking a medication for heart disease or seizures or you take drugs to suppress your immune system (such as before a transplant), it's well worth mentioning this curious development to your prescribing doctor.

"A swelling of the gums to where it grows over the teeth is a sign the dosage or the medication need to be adjusted," the ADA's Anthony Iacopino says. Certain drugs can stimulate the growth of gum tissue. This can make it hard to brush and floss, inviting tooth decay and periodontal disease.

What else to look for: The overgrowth can cause an uncomfortable sensation. In extreme cases, the entire tooth can be covered.

Dental warning #5: Dry mouth

Sign of: Sjogren's syndrome, diabetes

Many things can cause dry mouth, from dehydration and allergies to smoking and new medications. (In fact, hundreds of drugs list dry mouth as a side effect, including those to treat depression and incontinence, muscle relaxants, antianxiety agents, and antihistamines.) But a lack of sufficient saliva is also an early warning of two autoimmune diseases unrelated to medicine use: Sjogren's syndrome and diabetes.

In Sjogren's, the white blood cells of the body attack their moisture-producing glands, for unknown reasons. Four million Americans have Sjogren's, 90 percent of them women. Twenty-four million people in the U.S. have type 1 or type 2 diabetes, a metabolic disease caused by high blood sugar.

What else to look for: Other signs of diabetes include excessive thirst, tingling in the hands and feet, frequent urination, blurred vision, and weight loss. In Sjogren's, the eyes are dry as well as the mouth, but the entire body is affected by the disorder. Because its symptoms mimic other diseases (such as diabetes), people are often misdiagnosed and go several years before being properly diagnosed.

Dental warning #6: White webbing inside cheeks

Sign of: Lichen planus

The last thing you might expect to discover while brushing your teeth is a skin disease. But it happens. Lichen planus, whose cause is unknown, is a mild disorder that tends to strike both men and women ages 30 to 70. The mucus membranes in the mouth are often a first target.

Oral lichen planus looks like a whitish, lacy pattern on the insides of the cheeks. (The name comes from the same roots as *tree lichen*, a lichen that has a similar webbed, bumpy appearance.) Seventy percent of lesions appear in the mouth before they strike other parts of the body, says professor Anthony Iacopino.

What else to look for: Another common area where a lichen planus rash may appear is the vagina. Lichen planus often goes away on its own, but sometimes treatment is necessary.

Dental warning #7: Crusting dentures

Sign of: Potential aspiration pneumonia

Most people don't connect dentures (false teeth) with pneumonia, other than to think they're both words that often refer to the world of the elderly. And yet the two have a potentially deadly connection. "A leading cause of death in older people is aspiration pneumonia, often from inhaling debris around the teeth and dentures," Iacopino says. In aspiration pneumonia, foreign material is breathed into the lungs and airway, causing dangerous (even fatal) inflammation. Dentures need to be removed daily from the mouth, cleaned with a special brush, and stored in a cleansing solution.

What else to look for: A soft, crusty material developing around dentures. With proper cleaning, though, you don't have to worry about other red flags. "It's amazing. You can get a 100-percent reduction in what's otherwise a leading cause of death for denture wearers," Iacopino says.

Focused on Health

<http://www.mdanderson.org/publications/focused-on-health/about-focused-on-health/index.html>

Here at MD Anderson, cancer prevention is about more than research labs. It's also about making healthier choices that can help your body fight off diseases like cancer. But we know that making those choices every day can be tough. That's where Focused on Health comes in.

Each month, we feature information you can actually use to help protect your body from cancer. Imagine getting these insider tips from MD Anderson experts once a month:



- Need to de-stress? Take a hike! Research shows that walking through the forest may curb stress, heart rate, pulse rate and blood pressure.
- Don't go gluten-free unless you have celiac disease. You'll miss out on whole grains that help your body prevent cancer.
- Your skin takes 30 minutes to absorb sunscreen. So, apply sunscreen with SPF 30 or higher 30 minutes before you head outside to prevent sunburns that can cause skin cancer.

And, these tips aren't all you'll get. Each month, you'll also receive cancer-fighting recipes and tools to make it easier for you to lead a healthier life.

Sign up to receive Focused on Health in your email inbox. Then, share the health and encourage your friends and family to do the same. Go to the website to sign up.

Focused on Health is a publication of the Public Education Office at The University of Texas MD Anderson Cancer Center, and Therese Bevers, M.D., medical director of MD Anderson's Cancer Prevention Center, is the medical editor.

Want to learn how you can prevent cancer? Get a personalized action plan by completing M.D. Anderson's Risk Check at www.mdanderson.org/prevention.

How can I get MD Anderson brochures?

The Public Education Office develops brochures on cancer prevention, screening and risk-reduction topics. To request brochures for your organization, complete the Request Form at <http://www.mdanderson.org/patient-and-cancer-information/cancer-information/community-services/brochures/index.html> or contact Sheryl Patton at 713-745-9216.

How can I request a speaker to come to my organization?

To request a speaker for your school, workplace, community or church group, complete the Request Form (website) or contact Renee Raizen, M.P.H., program coordinator, at 713-794-1732.

Speaker requests usually require four weeks notice to ensure the availability of a speaker.

All presentations are free and usually last 30 to 60 minutes. The speaker will bring brochures to distribute to the audience. Presentations can be scheduled on weekdays, evenings or weekends in Houston and surrounding areas.

Presentation topics include:

- Reducing Your Cancer Risk
- Reduce Your Cancer Risks for Women (including breast and gynecologic cancers)
- Reduce Your Cancer Risks for Men (including prostate and testicular cancers)
- Skin Cancer: Reduce Your Risks
- Breast Cancer: Reduce Your Risks
- Healthy Eating



Tip Sheet: FOR GOOD MENTAL HEALTH www.ourhealthyminds.com

- Take care of yourself. Get plenty of rest, eat right, exercise and see a doctor regularly.
- Keep your mind active. Try new activities or hobbies, read, and socialize.
- Know when to ask for help. Ask for help when life seems overwhelming or difficult. Identify someone you would go to for help in the future.
- Practice ways to reduce stress. Identify what soothes and comforts you. Learn relaxation techniques. Spend time with supportive friends & family.
- Spend time with at least one friend in whom you can confide. Obtain social support, care and concern from others. Love is an energizing and growth-producing force that is beneficial to your mental and physical health.
- Nurture your soul. Take time for spiritual practice, prayerful reflection, meditation or serene solitude. This can offer you ways to cope with life's challenges. Learn to forget the hurts, forgive the wrongs and to let go of elements of your past.
- Take time to play. It can enhance your ability to enjoy life and maintain a playful attitude. Laugh. Be creative. Have fun.
- Identify and celebrate your successes. Remind yourself of all the positive things in your life: friends, family, work, or volunteering to name a few.

The Dana Alliance for Brain Initiatives www.dana.org

The Dana Alliance is a nonprofit organization committed to advancing public awareness about the progress and benefits of brain research to disseminating information on the brain in an understandable and accessible fashion.

FREE PUBLICATIONS AND RESOURCES

Online and in print, the Foundation offers neuroscience-related publications, including exclusive news and feature articles and interviews, briefing papers, primers, and our blog.

The online journal *Cerebrum* offers thought-provoking ideas from leading researchers, and the monthly periodical *Brain in the News* features the top brain-related stories from external publications. To sign up for a specific publication or the Foundation's bi-weekly e-newsletter, visit our subscriptions page.

The Dana Alliance for Brain Initiatives also produces a number of publications, including a directory of organizations that deal with brain-related disorders, a Q&A booklet about brain research, and a number of publications and activities for children.

Other popular online resources include Brainy Kids, an online science resource for students, teachers, and parents; Brain Web, a validated directory of websites and articles about brain diseases and disorders; and **Brain Resources for Seniors**, a portal of reliable websites for senior citizens, which address aging and health.

Depression is a common problem among older adults, but it is NOT a normal part of aging. In fact, studies show that most older adults feel satisfied with their lives, despite having more physical ailments. However, when older adults do suffer from depression, it may be overlooked because they may be less willing to talk about feelings of sadness or grief, or they may show different, less obvious symptoms, and doctors may be less likely to suspect or spot it. For more information on this topic, go to: <http://nihseniorhealth.gov/depression/aboutdepression/01.html>

Tip Sheet: **BEING HAPPY** www.ourhealthyminds.com



- **Accept yourself.** Celebrate the things you like about yourself.
- **Smile a lot.** Especially when you don't feel like it. Smiling has been proven to release endorphins -chemicals in your body which increase pleasure, decrease pain and improve your mood.
- **Think positively.** That doesn't mean ignoring negative thoughts. It's about finding the positive despite the negative.
- **Surround yourself with people who accept you as you are.** Don't isolate yourself. A circle of friends and family who support you will make you happy.
- **Do things that give you pleasure.** If you are depressed and don't think anything will give you pleasure, do the things you used to enjoy.
- **Exercise regularly.** Exercise encourages the release of endorphins.
- **Reach out to other people,** both for support & to offer them your support. Sometimes taking the focus off ourselves helps us realize the things we are grateful for.

Tip Sheet: **MANAGING STRESS** www.ourhealthyminds.com

- **Take time to relax.** Try to make time in your day to unwind, reflect & enjoy.
- **Reduce tension.** When your body feels relaxed, you feel more positive and healthy. Relaxation exercises can help you achieve this by stretching your muscles, getting more oxygen into your body, and encouraging pleasant thoughts.
- **Sleep tight.** Try to set a regular time for bed. If you're not tired, read a book or take a stretch and make yourself an herbal tea.
- **Eat healthy.** Canada's Food Guide offers great tips and advice.
- **Move more.** Run, walk, or maybe even climb a mountain. Being active helps to strengthen your body, reduce the risk for chronic disease and manage stress more effectively.
- **Think positively.** It's not only what we do that can add more stress to our lives. Sometimes it's what we think. The more you can focus on the positive, the better you'll feel.
- **Drink less alcohol and coffee.** Both are hard on your body and may actually make your feelings of stress worse.
- **Find the source of the stress.** Busy work schedule? Problems at home? Money worries? Once you know what's causing your stress, you can do things to feel better.
- **Talk about it with someone you trust** - a family member, a friend, or a health professional. This will let you look at the issue without feeling judged. It also helps to put problems in perspective.
- **Treat yourself.** You might have a bubble bath, curl up with a good book, drive to your favorite spot for a picnic, or sleep in late on Saturday. It doesn't have to be expensive but must make you feel good.

Helpguide.org- a non-profit website with practical suggestions
Lifeadvance.com - Helping assess your perceived relationship with God,
sense of life purpose and life satisfaction.

MENTAL HEALTH TIP SHEETS

The tip sheets linked below are PDF files, suitable for viewing on screen, sharing, or printing. If you need PDF software for your computer, you can download on this website. www.ourhealthyminds.com

Facts About Butting Out

Here's a timeline of health improvements you can expect when you quit smoking.

For Good Mental Health

Sometimes we forget the simple things we can do to keep ourselves in good mental health.

Healthy Eating

This tip sheet can help you eat healthy for mental health.

Quick Tips for Healthy Living

These 11 tips will help keep you on the track to a healthy lifestyle.

Planning Meals

Eating well is much easier if you can plan your meals ahead of time.

Preparing Food

These basic tips can help you prepare your own healthy food.

Managing Stress

Reducing stress is an important part of good mental health. Use these tips to keep calm.

How To Create a Well-Stocked Cupboard

There are certain essential nonperishable ingredients you should always have in your cupboard.

Being Happy

There are things you can do to encourage a happy state of mind.

For Friends And Family Of A Person With An Eating Disorder

This list of do's and don'ts will help you help someone you care about who's struggling with an eating disorder.

Everyday Things That Make You Feel Better

Keeping simple lists can help keep you grounded when the going gets tough.

From Hospital to Community

These tips will help give you a voice in your care and recovery.

Going Back to Work

Returning to work after you've been ill can be a challenge. This tip sheet can help you meet it.

What To Do If You Are Concerned About A Family Member

Some basic information on what do if you're worried about a loved one's mental health.

Starting a Writing Group

In a writing group, the focus is on sharing experiences. Use these tips to start a group of your own, or use them in a group you're already in.

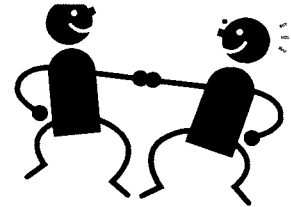
How to Start a Support Group

If you can't find a support group that meets your needs, consider starting one of your own. It's not a difficult thing to do.

Supporting Recovery

Here are 6 ways you can support a loved one's recovery from mental illness.

www.ourhealthyminds.com



KEEPING YOUR SENSE OF HUMOR

<http://www.seniorcitizenjournal.com/seniorcitizenjournal/keeping-your-sense-of-humor/>

Old age isn't for sissies, or for those without a sense of humor. That's probably why there are so many senior jokes out there -- laughter may not help you find your keys, but it's nice to know you're not alone.

Take a look at some favorites from Geoff Tibballs' newest book "Unforgettable Senior Jokes."

"A 61-year-old man told the doctor that he was no longer able to help around the house like he used to. After the doctor had finished examining him, the man said: 'Now, doc, tell me in plain English what is wrong with me.' 'In plain English,' said the doctor, 'you're just lazy.'

'Ok,' said the man, 'now give me the medical term so I can tell my wife.'"



An older couple has invited another older couple over for dinner. While the women are in the kitchen the men are talking. One man says he and his wife are always looking for good restaurants. The other man replies that he and his wife just ate in a good restaurant last week.

"What was the name of it?" asks the man. "Oh, gosh, let's see...um... what's the name of that flower that's red and has thorns?" "A rose?" "Yes that's it! - Rose! What's the name of that restaurant we ate at last week?"

Two old men were talking about their distant youths. One said, "Can you remember the name of the first woman you ever kissed?" His friend answered, "I can't even remember the name of the last one!"

An elderly woman was telling her friend that she had recently joined an aerobics class for seniors at the local fitness center. "How did it go?" asked the friend. "Well, I bent, I turned, I twisted, I jumped up and down, and I perspired for half an hour, but by the time I'd finally got my leotard on, the class had ended."

Who Says Seniors Don't Have A Sense Of Humor?

Senior Ads:

FOXY LADY: Sexy, fashion-conscious blue-haired beauty, 80's, slim, 5' 4" (used to be 5' 6"), searching for sharp-looking, sharp-dressing companion. Matching white shoes and belt a plus.

LONG-TERM COMMITMENT: Recent widow who has just buried fourth husband looking for someone to round out a six-unit plot. Dizziness, fainting, shortness of breath not a problem.

SERENITY NOW: I am into solitude, long walks, sunrises, the ocean, yoga and meditation. If you are the silent type, let's get together, take our hearing aids out and enjoy quiet times.



WINNING SMILE: Active grandmother with original teeth seeking a dedicated flosser to share rare steaks, corn on the cob and caramel candy.

BEATLES OR STONES? I still like to rock, still like to cruise in my Camaro on Saturday nights, and still like to play the guitar. If you were a groovy chick, or are now a groovy hen, let's get together and listen to my eight-track tapes.

MINT CONDITION: Male, 1922, high mileage, good condition, some hair, many new parts including hip, knee, cornea, valves. Isn't in running condition, but walks well.

MEMORIES: I can usually remember Monday through Thursday. If you can remember Friday, Saturday and Sunday, let's put our two heads together.

Dealing With Death

4 Myths About How to Act When Someone's Dying

<http://www.caring.com/articles/dealing-with-death>

People often adhere to a code of conduct about the end of life that's just not rooted in common sense or reality -- especially when it comes to how to talk to someone who's dying, in their final days or hours. Hospice nurse Maggie Callanan, who has attended more than 2,000 deaths, wrote her book *Final Journeys: A Practical Guide for Bringing Care and Comfort at the End of Life* in order to take on these myths:

Myth: Don't cry in front of the dying.

They know you're sad. Having the courage to bare your emotions gives the dying person permission to be candid about his or her own feelings. Your tears are evidence of your love. And they can also be a relief to the person, telegraphing that you understand what's happening.

Myth: Keep the children away.

People often steer kids away from death so they'll remember the person in a good light and not be frightened. But most kids do well with simple explanations of what's happening; facts are usually less scary than their vivid imaginations. By cordoning off a child from a natural part of life, you also deprive the dying person of a beloved, comforting presence.

Myth: Don't talk about how you expect your life will change after the dying person has passed away.

It's not like they'll feel left out. You can be sure the dying person is thinking about your life after his or her death -- people are often deeply concerned about this. It's reassuring to hear that loved ones will look after one another.

Myth: If you don't deal with death well, it's OK to stay away.

Some people excuse themselves from visiting a dying person with phrases like, "I hate hospitals" or "I want to remember X the way she was." This is saying that your discomfort is more important than the dying person's final needs. "You have a responsibility," Callanan says. "If someone has played a positive part in your life, that person deserves your attention as his or her life is ending. I've seen too many devastated people dying too sadly, waiting for someone who never came."

How to Grieve: 5 Myths That Hurt <http://www.caring.com/articles/how-to-grieve>

Grief is a natural response to loss, and it can unfold in many ways. Unfortunately, well-intentioned onlookers -- dubbed "grief police" by grief expert Robert Neimeyer, professor of psychology at the University of Memphis -- often say things that mistakenly imply to the bereaved that there's a "right" way to grieve. Consider these all-too-common grief myths:

Myth #1: It's possible to cry too much.

Everyone grieves differently. There's no single correct way to express the pain, sorrow, yearning, and other aspects of the transition of adjusting to the death of a loved one.

Myth #2: If you don't cry now, it'll be worse later.

Some people never cry. Tears or outward expressions of anguish simply aren't everyone's grieving style.

Myth #3: Grief is something you "get over."

Most people never stop grieving a death; they learn to live with it. Grief is a response.

Myth #4: Time heals slowly but steadily.

Time is the commodity through which a grieving person sorts through the effects and meaning of a loss. But that process isn't a steady fade-out, like a photograph left in the sun. Grief is a chaotic roller coaster -- a mix of ups, downs, steady straight lines, and the occasional slam. Periods of intense sadness and pain can flare and fade for decades.

Myth #5: Grieving should end after a set amount of time.

Ignore oft-quoted rules of thumb that purport to predict how long certain types of grief should last. A downside to six-week or eight-week bereavement groups, says Sherry E. Showalter, a psychotherapist specializing in grief and the author of *Healing Heartaches: Stories of Loss and Life*, is that at the end of the sessions, people mistakenly expect to be "better" (or their friends expect this). "Everyone tells me the same story: 'I failed Grief 101,' because they still feel pain," Showalter says. "We grieve for a lifetime, because we're forever working to incorporate the death into our own tapestry of life." Learning how to grieve is ultimately part instinct, part stumbling along, part slogging along -- a bit like learning how to live.

Offer Condolences Correctly: 10 Things Never to Say to a Grieving Person

<http://www.caring.com/articles/10-things-not-to-say-grieving>

It can be hard to know what to say to grieving friends or family members after the loss of someone close. If you want to be consoling and compassionate when offering condolence, avoid phrases like the following:

1. **"Stop crying; you're only making it worse."** Expressing emotions, even strongly if so inclined, is a natural, normal, and healthy reaction to death.
2. **"You should let your emotions out or you'll feel worse later."** It's also normal for some people to *not* cry; not showing outward emotions doesn't mean the person is grieving less or will have some kind of "delayed reaction."
3. **"At least he's not suffering anymore."** This offers little condolence. Whatever the circumstances of the death, the bereaved person is still suffering.
4. **"You must be strong." (Or "God never gives us more than we can handle.")** Such statements imply that it's wrong to feel bereft, which is a perfectly natural response.
5. **"God must have wanted her."** No mortal can purport to know God's purpose. People who don't believe in God might also bristle at your presumption in attaching a religious significance to the loss.
6. **"Don't dwell on it."** It's normal and natural -- as well as helpful -- to talk about the person who died.
7. **"I know exactly how you feel."** In fact, you can't. Even if you've experienced a similar loss, you're not the bereaved person, and you didn't have the same relationship to the person who died.
8. **"At least he was old enough to live a full life."** How old would old "enough" be?
9. **"You're lucky. At least [you have money, you're young and attractive, he didn't commit suicide, etc.]."** Loss is always horrible. Comparing misfortunes to others' or to alternate scenarios won't make the person feel better.
10. **"It's been [six months, one year, etc.]; it's time to move on."** People never stop grieving for a lost loved one. Affixing a deadline to mourning is insensitive and does little to help people learn to live through their loss.

Offering Condolences: 10 Helpful Things to Say to a Grieving Person

<http://www.caring.com/articles/condolences>

When offering condolences, there are plenty of things not to say to a grieving person; finding the right words can be harder. The following suggestions offer kindness and compassion. And sometimes you don't have to say anything at all; when it comes to condolences, a hug is often worth a thousand words.

1. **"I'm so sorry for your loss."** It's short, sweet, heartfelt, and always welcomed.
2. **"Please know that I'm here for you."** It never hurts to remind someone in pain of your friendship.
3. **"You're in my thoughts and prayers."** Even people who aren't religious are unlikely to be offended if they know you're sincere (or leave off the "prayers" if you think they might be).
4. **"Remember you can call me at any hour."** Be specific: "You know I'm always up till midnight."
5. **"She was such a wonderful person."** Don't worry that you'll make the bereaved person think about the loved one by bringing up positive reminiscences; you can rest assured he or she is always in mind already.
6. **"I don't know what to say."** Admitting you're tongue-tied about offering condolences is fine.
7. **"I can't imagine what you're going through."** This beats comparing the death with your own stories of loss.
8. **"Would you like to talk about it? I'm listening."** Provide a gentle opening for the person to share.
9. **"How are you feeling -- really?"** A more pointed invitation to unload may be welcomed by some.
10. **"I've brought you a meal to eat or freeze; it's in disposable containers so no need to return anything."**

Better than asking, "How can I help?" is to step in with concrete help: bringing a meal, a quart of milk, a carton of eggs picked up when you do your own grocery shopping; or showing up to mow the lawn.

Offering condolences is an act of kindness; actionable acts of kindness give both condolence and practical support.

Resources for Grief and Loss

HELLO GRIEF

<http://www.hellogrief.org/resources/texas/>

Hello Grief provides information and resources about grief in order to break through the current culture of avoidance that surrounds death and loss. Instead, Hello Grief addresses bereavement head-on for those who are helping others cope, as well as those who need support on their own personal journey with grief.

National Support Groups and Agencies

The Compassionate Friends

<http://www.compassionatefriends.org/>

The mission of The Compassionate Friends is to assist families toward the positive resolution of grief following the death of a child of any age and to provide information to help others be supportive. Site includes a chapter locator for finding a local group in your city and "virtual chapters" through an Online Support Community (live chats). A customized packet of bereavement materials for you situation can be sent to you at no charge. *To learn more about attending TCF Chapter Meetings, visit online.*

TCF's National Office 877-969-0010; email nationaloffice@compassionatefriends.org or

GriefShare

www.griefshare.org

GriefShare groups meet in churches (Protestant and Catholic) throughout the world. Over 9,000 churches participate in this program. A GriefShare group is typically designed around a 13-week grief support group/video series, and is specifically for those who are grieving the death of a loved one. Use the online locator to find a group near you or call 800-395-5755 or email infor@griefshare.org.

AARP.org/Griefandloss

AARP has compiled a wonderful array of articles on dealing with debt after a death, starting conversations about the end of life, and even a piece on odd funeral requests.

Hospice.Net

Hospice.net offers a comprehensive directory of information on their site, broken down into sections with resources specific to caregivers, children, patients, those seeking hospice services, and those in bereavement.

Adec.org/CopingwithLoss

One of the oldest interdisciplinary organizations in its field, the Association of Death Education & Counseling, also known as The Thanatology Association, has a wide range of support services for the griever who visits their site, including a thanatologist directory (thanatologists are specialists in death & dying, bereavement & loss).

HospiceFoundation.org

On the "Grief" page of The Hospice Foundation of America's website, visitors will find a basic definition of grief, a link to dozens of articles on the subject, and advice on how to search for local support groups, including a few links to national organizations that offer local services, like the National Alliance for Grieving Children and The Compassionate Friends(www.compassionatefriends.org).

HelpGuide.org

This is an excellent – and quite extensive – site with great articles, links to other useful resources, an emotional skills toolkit, a section on the difference between grief and depression, and much more.

Contact local faith-based groups, hospitals, hospice and medical centers for bereavement support groups in your area.

5 Suggestions For Emotional, Physical and Spiritual Well-Being

Article Source: <http://EzineArticles.com/2259031>

It's all a matter of CHOICE. One chooses to be happy or miserable. Allow negativity to overcome you and life will be a miserable thing to endure. Allow positivity to take over and life can become a joyful experience. It takes work and practice! But the more one chooses to be positive about self and others; the more one chooses to look at life from an upbeat and positive perspective, the more joyful, peaceful and balanced life becomes.

Here are 5 suggestions of things to do to make your life more peaceful and balanced:

1) Stop all negative thoughts about yourself and/or others. Catch your "stinking thinking" as you are doing it. Re-think that thought in more positive terms. For example, if you find yourself thinking how terrible you are, STOP yourself and talk yourself through that thought by saying things like: "I am not terrible; I am a child of God; I am talented and gifted; people appreciate me and love me because I possess qualities that attract others to me; I am an awesome human being..." etc...

2) Be Grateful. There is so much in life to be grateful for. The more negative we are, the more difficult it is to see the good in ourselves, in others and in life in general. Sit down and compose a gratitude list. Think long and hard about the things or people that are blessings in your life. Jot them down. Come up with at least 7 things that you are most grateful for in life. As you identify those things for which you are grateful, express your gratitude to your Higher Power. At the end of every day, compose a list of at least 3 things that happened to you in the course of that day for which you are grateful. Gratitude makes us focus on the positive stuff of life and this will help us in becoming more and more joyful and at peace;

3) Pray, Meditate or do Yoga. Call upon your Higher Power. Incorporate positive posture and breathing techniques in these exercises. Allow these spiritual exercises to do what they were meant to do, namely, promote spiritual growth, develop positive thoughts, strengthen your mind and body, improve your concentration and develop greater patience;

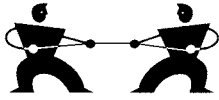
4) Laugh. Lighten up and don't take life so seriously. Laughter is great medicine for a sound mind, body and spirit. Read funny quotes. Look at the newspaper comics section. Go to the internet and do a Google search for funny stories, jokes and quotes. Enjoy and laugh. Life has to be fun. Work and seriousness without playful fun is not the way to maintain a balanced, positive and peace-filled life;

And last but not least,

5) Maintain a healthy connection with good friends. Always make time each day to talk with those you know who know you and love you. Honestly share your thoughts, struggles, hopes, joys, defeats and victories with them as you listen to them share theirs with you. Make time throughout the week to hang out with friends. Friends are our best support. Don't take them for granted but enjoy them, celebrate them and appreciate the tremendous gift they are to you.

Even when bad things happen or tragedy and sickness strike, the 5 suggestions above and the CHOICE to remain happy, positive, upbeat and at peace will make a tremendous difference in your life as well as in the life of others.

"Choice, not chance, determines your destiny... happiness and love are just a choice away."



Stimulating the Mind - Games and Activities

<http://www.in-home-care-ideas-for-mom.com/elderly-games.html>



Mind stimulating activities for seniors can take advantage of solitary or group activities. According to the Franklin Institute, mental stimulation can actually improve the brain's function and protect your loved one against cognitive decline. Even something as simple as switching hands when you brush your teeth is a mind-stimulating activity. Our brains constantly absorb and process information through our five senses. By stimulating any of those senses, you are capable of stimulating the mind.

Some popular and easy ideas for elderly games and activities to help stimulate the mind in both indoor and outdoor environments are to:

- * **Learn something new** - take up the yoga, painting, music - anything that offers new opportunities for learning.
- * **Exercise** - even simple exercise programs like Tai Chi or yoga will stimulate the mind as well as offer physical benefits. For the more active, square or line- dancing is a fun group activity that engages all the senses.
- * **Travel** - whether you take a short drive to the other end of town or decide to take your mom to Disneyland, travel can stimulate the mind no matter where you go.
- * **Reading** - whenever possible, encourage reading. Whether you're reading a magazine, a book, or a blog on the computer, the act of reading not only stimulates the brain but transports us outside of our bodies to new environments and realms. (If you encourage Mom or Dad to read, make sure you have their vision checked and that glasses, magnifying glasses or reading equipment makes the act of reading as enjoyable as possible).
- * **Volunteering** - if mom is physically and cognitively capable, encourage her to volunteer in local hospitals, libraries or schools. The constant activity and stimulation may do wonders for her brain, and help keep her engaged in community as well as feel needed and useful.
- * **Play games** - whether you encourage game playing on the computer or with groups of family and friends, games provide fun and encourage thinking, problem solving and rational thought.
- * **Get creative** - encourage Mom or Dad to take up writing, drawing or painting. It's never too late to learn a new skill and you never know what talents and hobbies may be provoked with gentle persuasion.
- * **Tutoring** - if Mom or Dad is capable, suggest your parent help tutor students one or two afternoons a week. After all, Mom may have special aptitudes in math, English, or foreign languages; Dad might be an undiscovered science whiz.
- * **Outdoor games** - games such as lawn bowling, pool, and croquet encourage physical as well as mental activity.
- * **Table games** - when's the last time Dad played good game of Snooker, table football or air hockey? Encourage such games to stimulate some fun and laughter into life. Be playful and encourage silliness.

Talking dictionaries aren't just helpful when learning a new language, or for individuals who have vision difficulties. Talking dictionaries are an excellent tool to help individuals who enjoy a variety of puzzle and gaming activities including crossword puzzles, Scrabble or other similar word games. Talking dictionaries tools are available both online and through hand held talking dictionaries that you can purchase online or in some office and computer supply stores. Choose the cheaper brands if you're just looking for help with cross word puzzles and games. For those learning a new language to enhance their brain capacity or as a new hobby to keep the brain active, moderately priced (\$70 to \$100) models are also available in the language of your choice.

Yoga is a popular exercise choice for adults and can be enjoyed by anyone at any age. Boomers (born between 1946-1964) and seniors (age 55-100 plus) want to stay active in their second 50 years, and are embracing yoga for health and vitality. 20% of America's 16 million yoga enthusiasts are over age 55. "Gentle Senior Yoga" is yoga that has been adapted to meet the needs of the over 55 population. It is one of the safest physical activities you can pursue. Contact a local fitness center, senior citizen center or city recreation facility to find a yoga class. Enjoy!

Some Ideas for Seniors Relaxation Activities

<http://www.nursinghomeactivitiesresource.com/relaxation-activities.shtml>



Relaxation activities are important for everyone's health, and even more so for seniors needing care. Our bodies and minds tense with use and from influences outside ourselves, even in our minds and emotions, to cause us to be stressed and un-relaxed. We couldn't function if we were always relaxed. It isn't normal for the body or mind. But **relaxation is necessary** sometimes and for some people it can be difficult to relax.

Some **techniques for seniors** may be;

- listening to someone read a story to them
- listening to music
- going for a stroll
- playing a game
- watching a movie
- singing along to songs and music
- being with others
- being alone



Many **benefits of these activities** are:

- normal heart rate
- erratic thoughts slow down or cease
- normal breathing
- mood changes
- fear alleviated
- stimulates healing

Stress relief videos and **DVD's** can also help many people by visually drawing their attention to calming pictures and places with the accompaniment of music. For some seniors such things as prayer, yoga, simple deep breathing, or even playing an instrument can help to slow their bodies and minds.

Taking Care of YOU: Self-Care for Family Caregivers

http://www.caregiver.org/caregiver/jsp/print_friendly.jsp?nodeid=847

Caregiving often involves a range of emotions. Some feelings are more comfortable than others. When you find that your emotions are intense, they might mean the following:

- That you need to make a change in your caregiving situation.
- That you are grieving a loss.
- That you are experiencing increased stress.
- That you need to be assertive and ask for what you need.

Remember, it is not selfish to focus on your own needs and desires when you are a caregiver — it's an important part of the job. You are responsible for your own self-care. Focus on the following self-care practices:

- Learn and use stress-reduction techniques.
- Attend to your own healthcare needs.
- Get proper rest and nutrition.
- Exercise regularly.
- Take time off without feeling guilty.
- Participate in pleasant, nurturing activities.
- Seek and accept the support of others.
- Seek supportive counseling when you need it, or talk to a trusted counselor or friend.
- Identify and acknowledge your feelings.
- Change the negative ways you view situations.
- Set goals.



Senior Care Explained

www.caring.com

Senior care: It's at the top of every caregiver's priority list. Use the Senior Care Directory to meet your needs, both now and down the road as your family's situation develops.

Talk to a Caring Advisor for free: (866) 824-8174.

This website includes information in these areas:

- Senior Care
- Care giving at Home
- Health A-Z
- Money and Legal
- Caregiver Wellness
- My Caring (Caregiver Stress)

Printable resources:

- ✓ Assisted Living Tour Checklist
- ✓ Assisted Living Follow-up Checklist
- ✓ Assisted Living Caregivers' Tips

Right at Home- In Home Care & Assistance www.rightathome.net

Adult Caregiving Guide: Information, Advice and Support-Right at Home

Needs Assessment Worksheets for Adult Caregivers (printable)

Home Safety Checklist for Adult Caregivers (printable)

<http://www.rightathome.net/about-you/adult-caregiving-guide-information-advice-and-support/>

Because We Care: A Guide for People Who Care

A resource guide offered by the U.S. Administration on Aging (AoA) to the growing number of Americans who are caring for an older family member, adult child with disabilities, or older friend.

Administration on Aging, Washington DC 20201, # 202-619-0724

<http://www.aasa.dshs.wa.gov/caregiving/documents/BecauseWeCare.pdf>

Federal Government Web Sites

Web sites that provide information on a range of topics related to health and aging as well as links to other health-related sites:

- Healthfinder www.healthfinder.gov/
- Health Information Clearinghouses www.nhic-nt.health.org/
- Health-Center.Com: Senior Center
www.healthguide.com/english/senior/default.htm



National Organization Web Sites

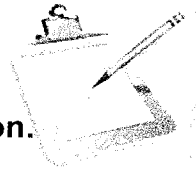
AARP www.aarp.org/confacts/caregive/assess.html

The AARP's *Helping Older People: Assessing the Situation* provides an overview of what you need to ask if you want to do an assessment yourself.

The Family Caregiver Alliance www.caregiver.org/

The Family Caregiver Alliance web site offers fact sheets on a variety of topics of interest to caregivers as well as other information.

The National Aging Information Center's Internet Information Note on Legal Services for Older Adults and Elder Law has a host of web sites dealing with every aspect of legal documents that you and your care receiver might want to consider in planning for the future
www.aoa.gov/naic/Notes/elderlaw.html



Directions: Go to the website, sign in (no cost) to access the following information.

- What To Do When You First Learn a Loved One Has Alzheimer's
How to respond when a loved one is diagnosed with Alzheimer's: 16 practical steps for managing care, in both early and late stages of Alzheimer's.
- How to Plan A Funeral or Memorial Service
Review our funeral services and memorial services to-do list and related funeral services and memorial services tasks at Caring.com.
- What to Do to Determine if Elderly Family Members Can Live Independently
Can elderly family members still live alone? Know what questions to ask and what signs to watch for to see if your loved ones can remain independent.
- What To Do When a Loved One Is First Diagnosed With Cancer
When a loved one is diagnosed with cancer, use this checklist to help yourself prepare to understand cancer treatment and provide necessary care.
- What to Do if You Suspect a Loved One Is in Declining Health
Review our health concerns and declining health to-do list and related health concerns and declining health tasks at Caring.com.
- How to Help Seniors Manage Their Finances
How to find, organize, and track your parents' bills, income, and other money matters -- even before they need your help with finances.
- What to Do When You First Find out Someone Has Had a Stroke
When a loved one has had a stroke, use this checklist to help yourself understand treatment and provide necessary care.
- What To Do When Someone Dies
Here are the steps to take -- both practical and legal -- when someone dies. Consult this checklist of 22 actions to take after a loved one's death.

5 Most Important Financial Questions to Ask Your Parent

You won't know what kind of shape your parent's finances are in until you ask. Money is always a sticky topic, so come to the discussion prepared to cover the most important issues:

1. "Do you have a durable power of attorney?"
2. Have you updated your will, insurance, and retirement account information recently?"
3. Do you have plans or insurance in place to pay for long-term care if it's needed?"
4. "Who's advising you?" (your parent's attorney, financial advisor, acct., insurance agent)
5. "Where is all this stuff?" (bill-paying system, insurance, important papers, etc)

Caregiver Survival Tools www.caregiverstress.com

Work Out: Exercise for a minimum of 20 minutes at least three times per week.

Ask for Help: To avoid burnout and stress, enlist the help of others.

Take a Break: Make arrangements for any necessary fill-in help

Eat Well: Eat plenty of fresh fruits, vegetables, and proteins.

Take Care of Yourself: Don't compromise your own health.

Find Support: Find a local caregiver support group.

Meditate: Sit still and breathe deeply.

Adult Caregiving Resource Links

Aging

American Society on Aging
www.asaging.org



National Council on Aging
www.ncoa.org

National Resource Center on Nutrition, Physical Activity and Aging
nutritionandaging.fiu.edu

National Association of Area Agencies on Aging
www.n4a.org

National Association of Professional Geriatric Care Managers
www.caremanager.org

Government

Administration on Aging
www.aoa.gov

Centers for Medicare and Medicaid Services
www.cms.gov

U.S. Government/Senior Citizens' Resources
www.seniors.gov

United We Ride
www.unitedweride.gov

Caregiving

Right at Home Newsletter
www.caringnews.com



Direct Care Alliance, Inc.
www.directcarealliance.org

Family Caregiver Alliance
www.caregiver.org

National Clearinghouse on the Direct Care Workforce
www.directcareclearinghouse.org

National Family Caregivers Association
www.nfca cares.org

National Guardianship Association, Inc.
www.guardianship.org

National Private Duty Association
www.privatedutyhomecare.org

Senior Care
www.caring.com

Third Age
www.thirdage.com

Health/Medical

Alzheimer's Association
www.alz.org

American Association for Respiratory Care
www.aarc.org

American Cancer Society
www.cancer.org

American Diabetes Association
www.diabetes.org

American Heart Association
www.americanheart.org

American Lung Association
www.lungusa.org

American Stroke Association
www.strokeassociation.org

National Parkinson Foundation
www.parkinson.org

National Alliance for Hispanic Health
www.hispanichealth.org

National Organization on Disability
www.nod.org

American Hospice Foundation
www.americanhospice.org

