



Elderly Expression

Lincoln University Cooperative Extension
Paula J. Carter Center on Minority Health & Aging

Paula J. Carter Center Reaches Out

Community Outreach Workers Brian Valentine and Shirmere Singleton from the Paula J. Carter Center on Minority Health and Aging recently held a workshop for Cole County Residential Services. In this workshop the participants included health care providers, rather than just consumers. Representatives included managers, support staff and case workers. Singleton and Valentine talked to participants about the importance of healthy eating habits, including portion control. The workshop also highlighted appropriate exercise, and a good attitude. Another important message for the participants was to practice what they preach. Community Outreach Workers at the Paula J. Carter Center provide programs ranging from healthy eating to stress management. If you are interested in a workshop please call 573-681-5530.



Community Outreach Worker Shirmere Singleton teaches the importance of good eating habits

The Missouri Institute on Minority Aging

The 10th Missouri Institute on Minority Aging (MIMA) will be held August 3, 2006 at the Scruggs University Center on the campus of Lincoln University in Jefferson City, Missouri. The Missouri Institute on Minority Aging is the only opportunity in Missouri to provide training and educational guidance to improve the quality of life of minority older adults. This year's theme is "Cultural Health = Wellness for Seniors." There will be two panels; one in the morning discussing **The Impact of Chronic Illness** which will start at 9:45 a.m. – 11:15 a.m. The afternoon panel is titled **About Wellness**, will begin at 2:30 p.m. – 4:00 p.m. Panelists range from medical professionals to gerontologists, and will make presentations followed by question and answer periods. The cost of registration is \$100, and there are some scholarships available. If you would like to register for MIMA, please call the Paula J. Carter Center on Minority Health and Aging (573) 681-5530. For more information on the specific panels and speakers, visit our website: www.luce.lincolnu.edu/pjccmha.htm

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Coordinator
Treaka Young

From the desk of Treaka Young...

My heart and prayers go out to the people who lost their homes or other valuables as a result of the April tornado in the bootheel. We here at Lincoln University Cooperative Extension are collecting clothes, food, and other items to help the people in southeast Missouri that lost so much. We ask you to help us by donating to our cause. Items will be collected through the end of May in Allen Hall on the campus of Lincoln University in Jefferson City. Please open your hearts and remember those who lost so much. Call Darrell Martin, 573-681-5591 for more information on how you can help. Stay Well.

Treaka

ALERT for Patients with Medicare. Watch out for Phone Scams!!

If you have Medicare, beware of callers asking for money and checking account information. The callers may say that they will help you enroll in a Medicare Prescription Drug Plan. The typical amount of money they ask for is \$299, so the scheme is called the “\$299 Ring.” You can report these calls to your police department or call 1-877-SAFERX (1-877-772-3379). No Medicare drug plan can ask a person with Medicare for bank account or other personal information over the telephone. Never give that kind of information to a caller. You should contact your police department if you think someone is trying to take money or information from you illegally. Legal Medicare drug plans will not ask you for payment over the telephone or the internet. They must bill you for the monthly premium. Typically, this is through an automatic payment from your monthly Social Security check. Some people pay the monthly premium by check or an automatic payment from their checking account. People with Medicare should be on the lookout for anyone trying to take advantage of them and take steps to protect themselves by remembering:

- *No one can come into your home uninvited.
- *No one can ask you for personal information.
- *Always keep personal information (like your Medicare number, credit card or a bank account number) safe.
- *If you have a question or concern about Medicare, call 1-800-MEDICARE

Source: Missouri Dept. of Health and Senior Services

Minority Health Video Conference

The Lincoln University Cooperative Extension/ Paula J. Carter Center on Minority Health and Aging continues our series of 8 video conference presentations dealing with health disparities, cultural competency and working with ethnic populations. The videos will generally be shown on the last Wednesday of the month through September, 2006.

Video presentations include:



Dr. Edna Chavis leads a discussion after the video

Voices of Wisdom: Seniors Coping With Disaster (May 24),

It Takes A Whole Indian Village: Decreasing Health Disparities In Indian Country (June 28),

The Health Of U.S. Pacific Islander Populations: Emerging Directions (July 26),

Preventing HIV Among Women: Diffusing A Group And Community Level Intervention Part 1 (August 30),

Preventing HIV Among Women: Diffusing A Group And Community Level Intervention Part 2 (Sept. 27).

These presentations were secured from the University of North Carolina, Chapel Hill School of Public Health Research Institute and Videoconference on Minority Health. The presentations will be held in Room 100, Allen Hall on the Lincoln University campus. Each presentation is scheduled to begin at 10:00 a.m., and will end at noon. There will be light refreshments available.



Preventing Late Life Depression

Late-life depression affects as many as 16 percent of older folks, harms quality of life, increases the risk of death and costs society a bundle each year. A new study shows that preventing the onset of depression during the golden years is not only possible but worth the cost. Researchers from the Netherlands Institute of Mental Health and Addiction in Utrecht write that one in every five cases of clinically relevant late-life depression is a new case. "Consequently, depression prevention has to play a key role in reducing the influx of new cases reports," they write in the Archives of General Psychiatry. This is best accomplished, the investigators say, by targeting depression prevention efforts to those elderly people most at risk for becoming depressed. According to the current study, these include being female, having a low level of education, having a small social network, and the presence of two or more chronic illnesses. Those with functional limitations or an "above average" number of depressive symptoms in previous episodes also had an increase risk. Using this risk profile, roughly 83 percent of future cases of depression can be predicted. If a late-life depression prevention program is even 30 percent successful in avoiding new cases, 1785 new cases of depression will be avoided. Preventing new cases of depression could save nearly 2 million dollars for every 1 million elderly Americans.

SOURCE: Archives of General Psychiatry, March 2006.

Easing the drop in exercise efficiency

Older adults may have to work harder than young people to perform the same physical activity, but regular exercise may close that age gap, research findings suggest. In a study comparing sedentary adults in their 60s and 70s with those in their 20s and 30s, researchers found that older men and women had to use much more oxygen to walk at the same speed as their younger counterparts. But that was before they went through a six-month exercise



program. After taking up walking or jogging, biking and stretching, the senior study participants reversed their loss of exercise "efficiency".

Exercise efficiency refers to how much energy the body expends to perform a given activity. At the start of this study, older men and women used 20 percent more oxygen to walk at the same speed as a younger person, said Dr. Wayne C. Levy of the University of Washington in Seattle, the study's senior author. But six months of regular exercise - - 90 minutes, three days per week -- improved older

participants' exercise efficiency by 30 percent, versus only 2 percent among their younger counterparts. The findings are published in the current issue of the Journal of the American College of Cardiology. It's well known that as people age, there is a decline in exercise capacity -- how much work a person can do before becoming exhausted. But the new findings suggest this is not just a product of the aging cardiovascular system being less able to send oxygen to working muscles. The older body also needs more oxygen to perform the same work as a younger one -- that is, exercise efficiency declines. But this decline appears to arise largely from inactivity, and may well be reversible. The idea that exercise efficiency dips with age is a "relatively new concept," Levy told Reuters Health. And though younger people in his study were still better at pumping blood and oxygen to their muscles after exercise training, it was only the older exercisers who showed significant gains in exercise efficiency. Their "disproportionately" greater improvement in this area, Levy and his colleagues write, is "new and unexpected." It's not clear yet how intensely people need to exercise to hang on to their efficiency as they age, according to Levy. But he said he suspects that any activity done regularly, including walking, would have benefits.

SOURCE: Journal of the American College of Cardiology, March 7, 2006.

For your health and safety:

Remember to always warm-up and cool-down.

Wear loose fitting clothing in layers. Remove layers as you get hot.

Exercise before eating, or 2 hours after meals.

Do not smoke before you exercise. Smoking raises your heart rate and constricts your blood vessels.

Avoid very cold or very hot showers immediately after exercise.

If you experience any pain during your exercising, contact your doctor.

Rural elderly turn to alternative remedies

A new study finds older North Carolina adults are more likely to use home or folk remedies such as vitamins, Epsom salts, or a daily "tonic" of vinegar rather than acupuncture, homeopathy or massage therapy. Researchers at Wake Forest University School of Medicine in Winston-Salem surveyed 701 diabetics, aged 65 and older, in two rural North Carolina communities. They found that most of the respondents did not use complementary and alternative therapies to treat diabetes or other chronic diseases. "They are using complementary and alternative medicine for prevention or for treating symptoms (a headache, a sore throat, a cut), but not for treating a chronic condition," the researchers said. In fact, alternative remedies "are largely a form of self-care" in this older, rural population, the study authors wrote. It's common for these people to use some complementary and alternative medicine therapies, such as vinegar or honey, as a general "tonic," noted lead researcher Thomas Arcury. "I've talked to older adults who'll tell you should take two tablespoons of vinegar every day in a glass of warm water because it's good for you. They aren't treating anything in particular," he said in a prepared statement. More than half (52 percent) of the respondents used food home remedies (honey, lemon and garlic), and 57 percent used other home remedies (tobacco, Epsom salts and salves). Vitamins were used by 45 percent of the respondents, and minerals were used by 17 percent. Only 6 percent used herbs for self-care. Ethnicity played a major role in the use of alternative therapies. Blacks and Native Americans were 81 percent and 76 percent, respectively, more likely to use food home remedies than whites and more than twice as likely to use other home remedies. "We want to understand how people make decisions about managing their health. If we understand how people are treating themselves, the information can be useful for physicians," Arcury said. The study appears in the March issue of the Journal of Gerontology.



Decisions about your health care are important--including decisions about whether to use complementary and alternative medicine (CAM). The National Center for Complementary and Alternative Medicine (NCCAM) has developed this fact sheet to assist you in your decision making about CAM. It includes frequently asked questions, issues to consider, and a list of sources for further information.

Key Points

Take charge of your health by being an informed consumer. Find out what scientific studies have been done on the safety and effectiveness of the CAM treatment in which you are interested.

Decisions about medical care and treatment should be made in consultation with a health care provider and based on the condition and needs of each person. Discuss information on CAM with your health care provider before making any decisions about treatment or care.

If you use any CAM therapy, inform your primary health care provider. This is for your safety and so your health care provider can develop a comprehensive treatment plan.

If you use a CAM therapy provided by a practitioner, such as acupuncture, choose the practitioner with care. Check with your insurer to see if the services will be covered. (To learn more about selecting a CAM practitioner, see our fact sheet, "[Selecting a Complementary and Alternative Medicine Practitioner](#).")

Source: <http://www.medlineplus.gov>

Denial, Stigma delaying Alzheimer's diagnosis



Most diagnoses of Alzheimer's disease are delayed for more than two years after the first symptoms appeared, according to a new survey. Ignorance, denial and stigma are conspiring to delay the diagnosis, the researchers reported, which can have a serious medical impact, since medications to slow the illness' progress are most effective in its early stages. The new survey, from the Alzheimer's Foundation of America (AFA), found that the first symptoms, including memory loss, confusion and repetitive speech, are noted -- but ignored or denied -- by either by the patients themselves or family members. An estimated one-in-10 people over the age of 65, and nearly half of those 85 or older, have Alzheimer's disease, according the AFA. The foundation estimates that by mid-century, more than 16 million Americans could have the disease. While certain medications may slow disease progress slightly, there is no cure for Alzheimer's disease. In the study, 57 percent of caregivers said an Alzheimer's diagnosis was delayed because either they were, or the person with the illness was, in denial about having the disease or feared the social stigma associated with it. Another 40 percent of those surveyed reported "not knowing enough about the disease" as a reason for the delay in diagnosis. Stigmas about Alzheimer's played a role in delaying diagnosis and treatment as well, the study found. Sixteen percent of caregivers surveyed said fear of stigma slowed diagnosis: 11 percent said the patient's own shame over the disease held them back from seeking help, while 5 percent of caregivers said they were the ones who feared the stigma. This latter group reported the longest time between onset of symptoms and Alzheimer's diagnosis -- six years. Alzheimer's is a fearsome disease, and nearly half (45 percent) of those surveyed said the emotional toll of seeing someone they loved lose their ability to function was the hardest part of the disease. In fact, it was far more troubling than dealing with the practical aspects of the disease, such as not having enough help (10 percent complained of this) and not being able to take care of their own needs (7 percent). At the same time, three-quarters of the caregivers said tending to an Alzheimer's patient brought out inner strengths they didn't know they had, and nearly two-thirds (64 percent) said that they had become more compassionate as a result of caring for their loved one. Also, caretakers of parents with the disease were significantly more likely to report developing closer relationships with other family members than not -- 27 percent vs. 16 percent.

Source: HealthDay

“Promoting Healthy Aging for Minority and Underserved Seniors”

Our Mission is to provide leadership in addressing the health, social, and psychological needs of Missouri’s minority and the underserved elderly populations. This can be accomplished through education, research-based information, policy analysis and the use of technology as strategic tools.

We have information concerning arthritis, cancer, diabetes, healthy eating, heart disease, and many other topics. This information focuses on specific health concerns of people who are African American, Native American, Asian/Pacific Islander American, or Hispanic/Latino American.



Some material is available in Spanish.

We would be happy to talk with you and send you information.



Every day you may make progress. Every step may be fruitful. Yet there will stretch out before you an ever-lengthening, ever-ascending, ever-improving path. You know you will never get to the end of the journey. But this, so far from discouraging, only adds to the joy and glory of the climb.

Sir Winston Churchill
British politician (1874 - 1965)

Some Handy Resources For You!

Paula J. Carter Center - 1-573-681-5530

Community Action Agency communityaction.org 1-573-634-2969



Medicare 1-800-633-4227 www.medicare.gov

Mo Dept. of Health/Sr. Services 1-573-751-6400 www.dhss.mo.gov

Alzheimer’s Assoc www.alz.org Medline Plus: www.medlineplus.gov

Mid-Missouri Alzheimer’s Assoc. 1-800-693-8665 www.midmoalz.org



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Lincoln University is an 1890 land-grant institution and is part of the Missouri state system of higher education. Founded in 1866 by enlisted men and officers of the 62nd and 65th Colored Infantries, Lincoln University has expanded its mission to embrace the needs of a broader population reflecting varied social, economic, educational, and cultural backgrounds. This is the unique purpose that Lincoln University fulfills in higher education.

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