

NEWSLETTER OF THE OKLAHOMA ALLIANCE ON AGING

Published to Provide Information on Issues Affecting Older Oklahomans

Ken Jones, President October-December 2022

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President's Message: We need you!

Serving as president of the Oklahoma Alliance on Aging has been a privilege and honor. But my time is almost up. I am nearing my term limit.

As we recruited new officers, we realized we were working with fewer members on our board. Thus, there are fewer people available to serve as officers.

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Our board facilitates two very important fiduciary roles. First, we are the catalyst for the Oklahoma Aging Partnership Strategy Committee. In that role, we also raise money to pay for the legislative report to track bills impacting older Oklahomans. Second, we fundraise, support, organize, and facilitate the annual Senior Day at the Capitol.

You may not have had the time or capacity to meet weekly with the strategy committee or to spend the extraordinary amount of time required to facilitate the Senior Day event. But you still want to serve in some capacity. This is your chance.



Please consider serving on our board. Contact Marietta by email or phone at the bottom of this page for more information.

We need you!
Thank you!

Profile of Older Americans

The Profile of Older Americans is an annual summary of the available statistics related to the older population in the United States. It illustrates the shifting demographics of Americans aged 65 and older. It includes key topic areas such as future population growth, marital status, living arrangements, income, employment, and health. This year's report includes a special section on family caregivers. The U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics are principal data sources. The Administration on Aging, part of the Administration for Community Living within the US Department of Health and Human Services, prepares the report.

In addition to the full report, <u>ACL's Profile of Older Americans webpage</u> also contains individual charts/graphs as image files. Also on the webpage are Excel tables from this and past years, along with previous years' profiles.

Highlights from the Profile (*The Profile incorporates the latest data available. Not all data are updated annually.*)

- People 65+ are expected to represent 22% of the population by 2040.
- Of older adults living in the community, 60% lived with their spouse/partner in 2021. About 27% lived alone.
- In 2021, 10.6 million Americans age 65+ were in the labor force (working or actively seeking work).
- Between 1970 and 2021, the percentage of older persons who had completed high school rose from 28% to 89%.
- From 2020 to 2021, only 3% of older adults moved residence, as opposed to 10% of the population below age 65.

Check out the full report by visiting their website at: https://acl.gov/sites/default/files/Profile%20of%20OA/2021%20Profile%20of%20OA/2021ProfileOlder Americans 508.pdf.



Memory loss, when to worry? By Germaine L Odenheimer, MD

Written by Germaine L. Odenheimer, MD, Geriatric Neurologist, Dementia specialist, Professor emeritus, OU College of Medicine.

Almost everyone forgets stuff. Ask students after an exam. If I asked a room full of older adults how many have lost their car keys? Hearing aids? Glasses? Teeth? Car in a parking lot? Most of the hands will go up multiple times. Or how many people have had a word on the "tip of their tongue" but could not come up with it? How many people have gone to introduce a dear friend and suddenly couldn't think of their name? These are common and may be a bit more common as we age. The information usually comes when you quit trying so hard. Although our memory remains fairly stable in normal aging, it tends to take longer to access information.

There are signs that should raise concern. These are mainly based on a change from previous abilities. If someone never handled their finances or cooked a meal, then it would be normal for that person to make errors in these tasks. But if the person was always good with money and cooked fantastic meals and recently, they struggle with these tasks, it is worth getting an evaluation. Other examples are people who used to be good with fixing cars, performing magic tricks, solving puzzles, running a business, or working with computers. The key is that it may be time to worry when there is a CHANGE. Other clues are trouble keeping up with medications, and bills, using the microwave or the TV remote, confusion while driving, dramatic change in personality, hallucinations, trouble walking, and urinary incontinence (if no other cause is found). These changes will help lead us down different diagnostic paths depending on the symptoms.

Some doctors are quick to assume the person has dementia or Alzheimer's Disease (which is the most common cause of dementia). But there are many other possible causes that need to be ruled out. And some of them are completely reversible if treated. For example, I had a patient who had seen many doctors, even specialists and was diagnosed with Alzheimer's. But after we stopped some of her medications, she completely recovered. Other causes that are potentially reversible are deficiency in B12, hyper or hypothyroidism, blood or tumors in the brain, some brain infections and fluid buildup inside the brain, sometimes called "Normal Pressure Hydrocephalus." Unfortunately, the most common causes of dementia: Alzheimer's Disease, Lewy Body Disease, Strokes and Frontal lobe deterioration do not yet have successful treatments.

Can we do anything to prevent these typical causes of dementia? For at least Alzheimer's disease, there is growing evidence that doing what is good for the heart is also good for the brain and may prevent or at least delay the onset of decline. The most important of these are to stop smoking, achieve good blood pressure control, manage diabetes, treat high cholesterol, avoid heavy drinking (generally less than 1 drink a day for women and 2 drinks a day for men). This is true for beer and wine as well as for hard liquor. Wear seat belts and avoid other activities with high risk for head injury. Football, soccer, hockey and boxing are the biggest offenders. Finally: a diet with plenty of fresh fruits and vegetables, routine exercise, and staying mentally and socially engaged.

Are these diseases inherited? Sometimes it is clear that dementia runs in the family. This is most true if the onset of disease is younger than age 65 referred to as "young onset". But this accounts for only about 5% of the cases. The single biggest risk factor for Alzheimer's disease is advanced age. About 11% of those over 65 have at least some forms of dementia and after the age of 85 the percentage is between 30-50%. But there are also people over 100 who are very sharp.

Is genetic testing recommended? The answer depends on why it is being done. In "young onset" it may play a role in deciding whether to have children, getting your affairs in order and how to spend your time. There is a different genetic link to later onset based on the type of apo E you carry. There are 3 types: 2, 3, and 4. You have two of these that can be in any combination, and you inherit them from your parents. Studies show that the apo E 4 increases your risk, but it does not mean you will get the disease, so it is not that helpful clinically. And you can still get the disease even if you do not carry any apo E 4. So, for the later onset group, the only clear reason to check at this time is for research purposes.

There are new drugs and claims of cures coming out all the time. How good are they? This is a controversial topic, but in my opinion, we are no closer to an effective treatment than we were 30 years ago even if the FDA does approve the release of some of these medications. Since it is the most dreaded and expensive disease our nation faces, many research projects are trying to solve this vexing and terrifying problem. Be very wary of treatments that seem too good to be true. These are likely scams that will give false hope and steal your savings. If insurance/Medicare doesn't cover it (tests or treatments), there is likely no evidence to support these protocols. If and when a successful treatment is found, it will make international news. The Alzheimer's Association is a reasonable source for checking out these claims.

What do we do in the meantime? We need to greatly increase the training of health professionals to recognize and manage these diseases. If you have tried to find a doctor with special knowledge of these disorders, you may have been extremely frustrated. There are very few still in practice, largely because the payment system will not support the amount of time required to do these patients justice. We need to change the payment system by Medicare and other Insurers to support the type of practice required to provide good care to people with dementia.

How do we get through this with our loved ones? Caring for a patient with dementia is an enormous challenge and strain on the caregiver's finances, health, and mental health. One-third of caregivers die before the person they are caring for. Caregivers need support to survive this journey. Respite care and Adult Day Care can extend the ability of caregivers to manage, but at some point, there is usually a need to place the loved one in a long-term care facility no matter what you promised. And finding a good one is another big challenge. Again, this goes back to payment and better regulation regarding staffing, training, and supervision. We have such a lot of work to do. I hope you will join me in advocating for change.

Senior Day at the Capitol-February 27, 2023

On February 27, 2023, attendees can check in at the Second Floor Rotunda of the State Capitol, starting at 8:30, to get the day's agenda and any help they need finding their Legislators. The Senior Day Session will be held in the House of Representatives Chamber on the 4th Floor (west side of the Capitol), at 10 am. Participants (especially those in wheelchairs) can sit in the House Chamber or in the House Galleries. The galleries are accessed on the 5th Floor, west side.

Please Register to help us know how many people to expect! Also, agencies and organizations interested in having a booth on the 2nd Floor or being a sponsor can indicate their interest on the Registration Form. https://tinyurl.com/yfv233tk or visit https://okallianceonaging.org/2022/12/29/registration-senior-day-at-the-capitol-2023/.

Join the Alliance

Together we make a difference! The Oklahoma Alliance on Aging, a 501(c) (3), is a statewide non-partisan coalition. The Mission of the Alliance is to identify the needs of aging Oklahomans, educate them on issues, and advocate for solutions.

As a member, YOU stay informed on issues about aging Oklahomans. YOU receive a quarterly newsletter, participate in an annual survey on issues, and have an opportunity to attend Education and Strategy committee meetings. In addition, the Alliance gives YOU a voice in identifying and prioritizing concerns and problems while monitoring legislation.

Membership Application: (check one or more)

(Contributions above basic dues are **tax-deductible** to the extent allowed by law.)

		New		Renewal	
Individual		Regular (\$25)		Contributing	g (Over \$25)
Organizational		Regular (\$100)		Contributing	g (Over \$100)
Sponsors		\$200 or more			
Donation		\$(a	ny	amount is ap	preciated!)
Endowment Fund		\$(any amount is appreciated!)			
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Sponsorship Appl □\$200 Newslette	ica	tion: (check	or	ne)	30 half page
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Help the Alliance by sponsoring the newsletter or finding an organization or business. By becoming a sponsor, you:

- Ensure distribution of the newsletter across the state
- Are recognized in the newsletter edition you sponsor (your name or your organization's name, whichever you prefer)

Contact the Alliance office for details! Call 405-943-1895.

MAIL TO: P.O. Box 12008, OKC, OK 73157



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Email: Marietta.OAOA@gmail.com

Call: (405) 943-1895

Hours: M, W, and F from 9:00 a.m. to 1:00 p.m.

Marietta Real, Executive Director (PT)

Officers

Ken Jones, President (2020-2022) Esther Houser, 1st Vice President (2020-2022) Janet Moore, 2nd Vice President (2020-2022) Annette Mays, Secretary, Treasurer (2020-2022)

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Mary Brinkley, Leading AgeOK BJ Mooney, DOC Services Trish Emig, Strategy Committee Anne Davis, Individual Mickey Peercy, SODA/AAA

Volunteer: Wanda DeBruler, Newsletter

Special **THANKS** to all our Volunteers and Supporters!



2023CALENDAR Mark the Dates

Board Meetings 1:30 to 3:30 p.m. 3rd Tuesday of the Quarterly month.

March 21, 2023 June 20, 2023 September 19, 2023 December 19, 2023

Location:

ZOOM link will be sent prior to the meeting. If you don't receive one, contact OAOA below.

Contact Marietta.oaoa@gmail.com for any questions.