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Please stand by for real-time captions. But good morning everyone my name is Donna Daniel and not in special [Indiscernible - low volume] at the University of Arkansas and Fayetteville Arkansas. I decided to do this presentation Colby Long and winding Road because of professional interest that have come out of personal experience. Alzheimer is very personal to me as my mother was diagnosed with this disease and died about two years ago.

What I have found is that as caregivers are walking the long and winding road, they do not know where to go to get the answers regarding medical, financial, psychological issues that they are faced with. Suddenly that loved one that they knew is not the same person as they were as you and I were growing up. And 30 years ago no one would talk about the big C and now cancer has become acceptable to talk about. That is where we are today with Alzheimer's. It is the big A people do not want to talk about it for the reasons of what I just mentioned.

So here are some basics, one in nine people over 65 will be diagnosed with Alzheimer's. One in six will be women and when I look at the audience, and I see the number of women here, we will definitely be impacted. Early onset and younger onset as they are called, we are going to change those statistics because diagnosis is better than it was a few years ago, there are more resources for diagnosing Alzheimer's. And Alzheimer's makes up 70% of the umbrella which is known as dementia.

That is a huge number. Okay, the other interesting thing is when you look at the racial makeup, Caucasians or whites make up only about 3% of those with Alzheimer between the ages of 65-74. You notice how much more African-Americans have been diagnosed, about 9%. And Hispanics have about 7.5%. Those numbers continue to climb as the population ages. One of the things that the medical community does not know how to deal with or is not dealing with very well is how to deal with people who have English as a second language and revert to that first language they have such as Spanish. And they are trying to talk to 90-year-old woman in English but she is actually a two-year-old child thinking she is living back in Puerto Rico and she only knows Spanish.

So I am going to talk about the public federal government and the nonprofit partnerships that take place here because Alzheimer Association is very important in the work that they are doing with the national Institute on aging, and with other federal agencies as well.

Alzheimer's Association has come up with a list of celebrity champions and I have some of them listed here. Of course I have coach Frank Ford Wiles first listed because he was a longtime football coach at Arkansas and then later the athletic director. You see the wide range of people, Seth Rogen is getting a lot of press these days because he is able to reach millennial's and that is the age group that he is really wanting to speak to. Because of his experiences with his wife regarding his mother-in-law Alzheimer's. The other bullet point I have are some of the famous

people who have died with Alzheimer. When I first heard this disease regarding Rita Hayworth, but maybe some people in the audience who do not know who she was, she was a very famous actress and she started having behavioral issues and her daughter after her mother died started a foundation and every year she has the Rita Hayworth Gala where everybody wears red formals and they raise money for Alzheimer's.

We all know about the very touching letters that Pres. Ronald Reagan wrote to say goodbye after his diagnosis. Charleston Heston, Sergeant. -- Sargent Shriver, Maria Shriver great advocate has spoken many times on the issue and has written books and has put together documentaries regarding her father. Most recently Pat Summitt. Again female she has touched many people in the sports field, as well as throughout the nation. And then Gene Wilder, who decided he wanted to keep his Alzheimer's very private. And that is not unusual either. And so it is really only his closest family and friends who knew that he had the disease and he decided to just be very private about his experience. So we have 30 year leaps and bounds when it comes to Alzheimer's, 1906 is when alert of Alzheimer's first discovered this change in the brain. Then in 1910 it got its name, Alzheimer's disease, fast-forward about 20 years, and we have an electron microscope which allowed researchers to do more research on the brain and to see what was going on. It was not until 19/68 that there were cognitive measures, measurement scales develop, so that researchers could look at an individual and see how their behavior was impacting their ability to do things and they were able to come up with some of these scales. I remember back around that time we talked about senility, you did not talk about dementia. You did not talk about Alzheimer's, we talked about senility.

It was not until 1974 at the national Institute of aging was created. And when you are doing research their website is the go to place for the federal government. Fabulous website, wonderful resources listed there. Reports, I could not speak highly enough.

Six years later's the Alzheimer's Association was formed. And they also had a fabulous website, including and I will mention this again later on, a library located in their headquarters called the Greenfield library where they make pop made available [Indiscernible - static] interlibrary loan, they have [Indiscernible - low volume] -- [Indiscernible - static] anyone that needs help can contact the library at the Greenfield library and get answers because sometimes you do not want to go to your local public library or you are on an academic campus as I am and you think they will not have the resources I need, I just didn't want to do that.

Or you are at the stage where you are uncomfortable, you may not know what persons or questions you need to ask, so it is easier to ask some by using text and chatting with a librarian.

And then it was not until 2010 that the clinical trial database national clinical trial database was put into place. So we have had lots of gaps there. The most important act I think right now is national Alzheimer's project app which was passed in 2011, Senator. by from Indiana introduced it. And what is so wonderful about this is under the umbrella of Health and Human Services, DOD has come on board, Veterans Affairs have come in part, centers for disease control, national Institute of aging, national Institute of health, and the Alzheimer's Association have all come together to move this project forward. And so you have the Alzheimer's advisory Council, and I am going to end my presentation with a presentation at one of those Council meetings. But

they are coming up with a national plan on how to deal with Alzheimer's and every state is mandated to have a state plan. So when you go back to your state, contact your legislature or your governor and ask about that state plan and what Council they have put in place.

One of the great things about Alzheimer's if you want to call it great, is this allows us to be advocates. And if you're on a university campus where you are training social workers are you have student in political science, public-policy, this is a good issued to work with students on. Because you can show them video of average citizens speaking in front of the Council. You can show them legislative history. You can talk about the social impact, the financial impact, the workplace impact of Alzheimer's. That we are all facing.

We talk about tangles and plaques a lot, and that is the basis of all scientific research, or much of the scientific research. So 1960 -- 1986 that tau protein was identified and those are known as tangles. And then in 87 the first deterministic Alzheimer's gene was identified. And that Jane and shared with people who have down syndrome. One thing you will find about dementia and Alzheimer's is that there are genes that are shared between not only this disease and down syndrome but also ALS and Parkinson's so now you're seeing much more research that is taking place to look at all of those diseases together. In 2000 know a healthy brain initiative started, correction: 2000 a. If you go to the national Institute of aging website you can see more information about that. And we will talk about Alzheimer's, about preventative measures, about how to keep your brain healthy. And 2012 first clinical trial for the prevention of Alzheimer's disease was started. So what agencies, I already mentioned national Institute of agent but here are some others that are very concerned and you can find information on their website. Bureau of Justice assistance, they are putting together guidelines for law enforcement. You might have a family member who has run off, who refuses to come into the house, who is acting erratically, and law enforcement it realizing -- is realizing they need to understand how to respond to people who may have Alzheimer's or some other form of dementia.

Congressional directed medical research program, this is where you find a lot of information about the research, that the Army is doing, regarding Alzheimer's, dementia and issues that are veterans -- our veterans and service people are facing as they serve our country. And then the Congressional research service, they have put together many studies, talking about Alzheimer's and the impact on the cost to us economically, as a nation, individually, financially, medical costs, these are all issues that will impact every single person who knows someone who has Alzheimer's. I mentioned the Alzheimer's Association, and the Greenfield library, notice I am in purple today and I do not normally dress this casually for a presentation. But purple is the color of Alzheimer's. And when I get back to Arkansas the last weekend of October is the last walk to and Alzheimer's. And I have promised [Indiscernible - low volume] [Indiscernible - static] button and memory so she has it in memory of her own mother. So purple is an important color. We talk about the longest day, we talk about sundowners, how many of you here today know what sundowners is? Sundowners is not a fun thing to deal with, is it? And that is when behave herbal change happens -- behavioral change happens right in the day at sunset and so you what you want to do is pull the shades in the house, turn on the lights so there is not the harsh change between daylight and nighttime for your loved one so you can minimize those behavioral problems that you are going to run into.

Boils foundation and Fayetteville Arkansas the family has put together a foundation and they have a book which I have mentioned later on in this presentation called the coaches playbook. And it gives really good basic information for anyone who is facing Alzheimer's. Pat Summit foundation, if you go to their website, again, all about Alzheimer's. And then there are blogs, helpline.com lists the top 10 Alzheimer's blogs every year. And I find it useful to check out those blogs. And keep up with what people are writing about, some of them are about personal experience, about how they deal with family members, and some of them are more scientific and medical in nature.

Finally, social media, what what we do without Facebook? And their our Facebook pages that are dedicated to Alzheimer's care. Right now I am not on any of those pages because it got to be too much for me. But you see people who are dealing with Alzheimer's and they are at all different levels of knowledge of the disease and how they are responding. And it is heartbreaking to read the posts. For a while I could answer but I really needed to step away for a while.

At the state level, Alzheimer's Association has state chapters. Disclosure here, I am on the leadership Council for my state chapter. One of the things Alzheimer's Association does is every able they bring members from all of their chapters to Washington DC. Where they are called ambassadors and for two days they learn how to lobby Congress and then they can go on the hill wearing their ambassador Sash and they talk to their legislatures. What has come out of this in the last two years is that Alzheimer's is the only disease that has gotten huge increases in funding for research, because of those efforts. Of people like you and I, going to the hill and talking to the legislatures about the disease and how they are personally impacted. Within the state of Arkansas we have the Arkansas Alzheimer's advisory Council and it is made up of people from the medical field, from the Alzheimer's Association, from the legislature, and citizens. What do we need, better regulatory continuing education and licensing oversight at the state level. And that comes from personal experience, and I will say that. International initiatives, if you look at Alzheimer's disease international every year the come out with the world Alzheimer's report.

Every year the Alzheimer's Association now has the international conference on scientific research and that is where all of the researchers from around the world get together to talk about what is happening. And it is exciting to hear about what they are doing and what they are finding. International society to advance Alzheimer's research and treatment. World Health Organization. And then 2 different projects that I am aware of. I think many of us have probably seen the video on Facebook of the dementia village in the Netherlands where college students live with people who have dementia or have Alzheimer's and a health care for them and they keep them engaged, engagement is so important. In Japan, there was just a segment on NPR talking about how they are training first responders because they would have so many elderly walk away from their home, no one would know where they were, and sadly they might find them dead. And so they are training first responders to be aware of people who are wandering the streets, how to approach them, how to question them, to hopefully get those people back home again.

And here are some very helpful books and journals, those first three I think should be in every single library, and anyone who has or is dealing with somebody who has Alzheimer's should be in your personal library. Learning to speak Alzheimer's. Written by a woman after she was

caring for her husband who had Alzheimer's 36 hour day. Anyone who has been a caregiver knows that you are not living a 24 hour day, you are living a 36 hour day and that 36 hour day can go on for 10 years and you yourself end up with a form of PTSD at the end of it.

And so it is important for us as caregivers to take care of ourselves. I mentioned coach blows playbook, very basic information. Maria Shriver wrote what is happening to grandpa? It is hard for children. Very hard when they see these changes and suddenly anti-or grandpa or grandma or the neighbor do not recognize them anymore and so that book is helpful. Maria Shriver puts out the Shriver report, again very useful. Alzheimer's Association put out the first journal that was dedicated -- that is dedicated to Alzheimer's and dementia and it is called Alzheimer's and dementia and that is the peer-reviewed journal and it is published by everyone's favorite [Indiscernible - low volume] and finally there is the Scandinavian Journal of caring sciences. And so you can find articles on all aspects of care and caregiving in that journal so what are our future needs? Training for all healthcare workers, healthcare workers need to realize when the 90-year-old woman is brought into emergency room and it is the only because it hurts to have a needle stuck in their arm that talking loudly test not help. It hurts the process because that person is not a 90-year-old woman but a two-year-old toddler so how would you comfort a two-year-old toddler? Training all first responders, my mom would run down the street or she would sit in the backyard and she would be very flirtatious with men as the disease progressed. And so we would have please come over and after 45 minutes she would say find, I will go in, but because of you, not him, meaning our dad. That is point where she thought she had five husbands and we would laugh about it, but finally realized she did not recognize 85-year-old man as her husband, she thought this 85-year-old man was her father-in-law and it was 19/48 and her husband should have looked very differently.

We need money for research but not just scientific research, but research on how to help caregivers. Research on how to make drugs that are available to the individuals. Money for research that will help find new therapies for Alzheimer's And we need more workplace flexibility. There is a new term called elderly orphans, those are people who have no family. And sometimes family are their coworkers or former coworkers or their neighbors. And while we have the family leave, that does not extend to what is now over 50% of people who are not married who may not have family members. Who can help them, are somebody needs a ride to the doctor or how do you get someone to a respite care center, or to a senior center for the date so that you can have some relief.

And finally I want to share a little video with you.

This is the advisory Council on Alzheimer's. This is my sister speaking of our family experience.

[Video played.]

[Indiscernible - low volume] I am Kathy shorts [Indiscernible - low volume] died January 1 of this year of Alzheimer's. I flew in from Fayetteville Arkansas to share my mom story. My mom lived with Alzheimer's for 15 years, during that time I was my mother's caregiver and advocate even if she was placed in a nursing home facility. In addition I care for my elderly father, [Indiscernible - low volume] sister-in-law who cares for my [Indiscernible - low volume] and I

worked full-time as an educator. I was fortunate in that I did have daily support of my sister-in-law, father and Donna Daniels. All of the literature states as I think David Hyde Pierce said that family caregivers need to be involved in the care of their parent by being present at the facility, asking questions and educating themselves and others. My family did this and this is our story.

Chapter 1, awareness, none of us were prepared for the learning curve that would be required as caregivers to ensure mom's needs are being met by the healthcare system and facility.

[Indiscernible - low volume] ugly head is paranoia, I was confused when my mom started exhibiting [Indiscernible - low volume] behaviors only when I had a conversation with my friend Betsy world Arnold and she said you need to have your mom see a specialist, that I became aware of the huge footprint of Alzheimer's. First I talk with my dad and my family about the best course of treatment, second and the most painful of to that point was placing mom in a facility for evaluation [Indiscernible - static] the facility was in a deserted [Indiscernible - low volume] scary hospital undergoing renovation. The saving grace of this surreal expenses meeting the Alzheimer's Dr. who made us aware of the behavioral aspects of the disease and how it could respond to us, he was a godsend. With his evaluation [Indiscernible - low volume] come home and stay another it months with that family meals on wheels and home health [Indiscernible - low volume]

Mom's anger and confusion got worse and that was the target of most of this, we had heart wrenching difficult choices to make. Mom had to be placed in long-term care. Everyone experienced pain and that pain lingers today, lesson one, awareness, read whatever you can get your hands on, joint online and local support groups, seek out medical specialist, chapter 2, education and training. Education, training and knowledge of Alzheimer's care is inconsistent and almost nonexistent across the board.

We experience this with the majority of staff at nursing homes, hospitals, government offices, pretty much everywhere. Dental services which up to the nursing home to service the patients at 530, that is the prime time and I think you all know sundowners. Dental services, Alzheimer's patients transported to doctors appointments would have to wait as long as two hours in the waiting room. The proper and humane treatment of Alzheimer's patients has to be a priority. Alzheimer's must be able to live with dignity, this cannot take place without mandatory education and training. Additionally there needs to be some -- more seminars for loved ones in caregivers to learn what to look for in an Alzheimer's facility. We chose what we felt was the best Alzheimer's facility in our area. But about six weeks in on mom's 89th birthday she contracted nursing home pneumonia. Until then she was able to handle all of her personal needs on her own. She left that facility within three weeks in an ambulance and full of pneumonia after a substandard portable x-ray machines used by the nursing home showed her lungs to be clear.

The previous day. Mom was tough and she survived this but she never worked again. Facility to his new and had a definite while vector ill-equipped to deal with Alzheimer's patients, but they needed money. And they wanted that's filled and we transferred mom then to facility three which had Alzheimer's three [Indiscernible - low volume] phenomenal. She engaged patients. Is Harry Johns would say. She took an interest in all of the residents and their loved ones. We created an Alzheimer's garden at our own expense to help them but the facility administration love to show off prospective families and they seldom allowed the residents to enjoy. They were too

understaffed or the staff could not locate the key to allow families to the garden. Incarcerated individuals receive more mandatory time outside than Alzheimer's patients do in a facility. Within a month the unit director left and we began to see inconsistent staffing in the unit and facility including four different unit supervisors and three directors of nursing. Discontinued for three years until the date mom left her hospice with an undocumented 12 inch gash in her leg.

Lesson two, become a force to be reckoned with. You must educate yourself, advocate and be willing to do whatever is necessary to ensure your loved one gets the level of care you were told that you could expect as you tour the facility. Demand that the doctor facility contracts with has direct conversations with you. My mother was in a facility for three years, I had two conversations, with my mother's doctor.

Do not expect all nurses and the in eighth to be proactive about your loved ones care, they are not. Chapter 3, support, Alzheimer's Association takes a lot of money and according to Charity navigators to having good rating and they do a lot of research. But it does not take into account individual expenses will contact Association at the state and national levels looking for help. My past experience is that no one at the state level would contact or help me from the national organization.

I was ready to volunteer and to do whatever they needed, I wanted to help and learn and be involved. The greatest support we received while traveling on this long, painful and lonely journey was from friends, caregivers United, and Alzheimer's Arkansas. Lesson three, be a good story about donations and volunteers, they can both quickly disappear. Chapter 4, my suggestion, number one as Molly said partnerships work. I am an elementary school teacher, my school has a partnership with Alzheimer's Arkansas.

One of my students came to me and wanted to watch this program. So during the past school year [Indiscernible - static] schools were involved [Indiscernible - static] as a result the school presented Alzheimer's Arkansas with a \$1200 donation check. I expect this partnership will grow and expand to other schools as community-based education programs. That will be Michael.

Number two, the healthcare facilities and nursing homes are too understaffed at the level of care they must provide even if they need to [Indiscernible - static] staffing ratios, those are minimum. We must have mandatory annual continuing education, everyone has said, are all healthcare workers especially in community hospitals. Were often times Alzheimer's patients are left alone in emergency rooms, they are sent to the emergency room by themselves and at one point my mother reached the emergency room before I could and they do not know how to deal with Alzheimer's patients for the most part.

CNAs must have Alzheimer's certification for working on Alzheimer's [Indiscernible - static] and our experience with filing complaints with Office of Long-term care was not effective. The facility figured out who filed the complaint, they knew when the inspection was going to take place, the entire system is highly regulated, highly ineffective, completely broken. Family members must be able to file complaints without fear of retaliation against their loved ones, [Indiscernible - low volume] healthcare workers must be provided with [Indiscernible - static] when they come forward to report infractions.

I would also like to refer you to a story that I just read recently watched on NPR about South Korea, they have the most rapidly aging population in the world and they are approached to deal with this is rather interesting, interesting to watch and see what they are doing.

Thank you and I appreciate this group and all of your work.

[Video ended.]

I will say that with Kathy said puts words of [Indiscernible - static] we no longer work with Alzheimer's Arkansas because things of change with that organization as things have changed with Alzheimer's Association in Arkansas and what the new director -- they are the group that is better equipped to work with people within the state. Thank you, are there any questions?

Yes?

Would you please come to the microphone?

You mentioned this, not sure if you have MSI, not sure if you know any data about a correlation between Alzheimer's and down syndrome ?

I do not know directly, other than the fact that they share that Jean. -- The gene, and quite often people with down syndrome, do not know the exact number, will develop Alzheimer's in their 30s and 40s.

Thank you.

Any other questions?

Thank you very much for being here today.

[Applause]

We will wait until 1115 because we are moving sessions here on site so we will be back with you at 11:15 AM.

Will -- [Event is on 5-minute recess. Session will reconvene at 11:15 AM Eastern time. Captioner on stand by.] good morning everyone my name is Jane Canfield, federal documents coordinator at [Indiscernible - low volume] of Puerto Rico. The nomenclature in my name for those of you who are unaware is that in Puerto Rico you use your father's name and you also retain your mother's last name in both USENET -- both name so in honor both of my parents I choose to do so. That us get started.

[Indiscernible - low volume]

We will straighten out the technicalities in a minute here. Somehow they are actually blanks, they were not there before so we will just do -- care we are, that should do it.

Okay. We are straight now. I would like to start with a very special thank you to my colleagues in Puerto Rico who have for a number of years supported my presentations, made absolutely certain that my Spanish in each of the presentations is completely accurate and grammatical for the first time today, they are listening virtually to my presentation. I am going to ask your intelligence and switch to Spanish for a couple of minutes here.

[Speaking Spanish.]

I will now switch to English and continue the presentation. I think it is prophetic that two of us at this conference chose to do presentations on topics that involve aging, perhaps it is we are in an aging population. Those of you who know me know that it is my personal passion to make all of these presentations bilingual so that if you have a Spanish-speaking population as I do, you can use these presentations with them as well as use them for English language resources. My title is stay young at heart because I believe that in 18 that is something we should try to do. Here we go.

I want to start this out with a few of my favorite things about aging and kind of make this a little bit of fun a Robert Browning quote [Indiscernible - low volume] the best is yet to be. The Spanish saying is not lament getting old because it is a privilege that is denied too many. And my favorite funny an effective wake-up most this morning this way, I am not really old, I look up, I can still left my arms and my knees and [Indiscernible - static] everything makes a noise I'm just -- I am not old, I am just crispy. Favorite saying of mine. I have objective, one I would like for us to look at aging in a more positive way. Like Donna said in her presentation about Alzheimer's , aging is also the big A in the room that many of us even though we know we are getting older, baby boomer generation is rapidly aging. We really do not want to talk too much about this topic.

So I would like to have us try to develop something of a positive viewpoint on it if possible. I would like to offer some statistics on the aging of our population. Some resources on use for the general public and some for researchers and there was a great deal of federal government funding and research into the entire process of aging. [Indiscernible - static] and also to look at Spanish resources that will meet the needs of our increasing Hispanic population which along with the rest of the population is aging.

Let us start with who is old? How do we define the concept of age?

I could not find anywhere a single accepted definition of age. I go to my local movie theater and that 55 I was old enough to get in for child price but other places consider it 65 so how do we define the concept of calling old so I looked for a couple of definitions and some of you probably can relate to the as I can the vintage social networking, and related to our students, who absolutely have no idea of what we are talking about when we talk about dial-up telephones or in our case we still have parts of our old physical card catalog and the students just go what is that, where did that come from? So age has a lot to do also with what you have been exposed to,

technology you can keep using, so the quote at the top is we have arrived at old age but in Spanish the frequent term is the third age we are not children, we are adults that have reached the third age. Here is the first look at some of the statistics. This is the Census Bureau map for the United States, Alaska, Hawaii and it includes Puerto Rico. Of where the aging population is the darker blue is where there is the highest percentage of aging population. I think the interesting thing here is that there are very, very few white spots where very little of the population is over age 65. And this map is only going to continue to become darker blue, not white.

What is going on with our aging population? The population aged 65 and over now numbers 46 point 46.2 million in the United States. That is 10 million more than we were 10 years ago. These statistics all come from the administration on aging and I included the links in the slide so you can go to the administration on aging and take a look at currently have many, many more statistics on our aging population.

Okay here is another one. I really, really like this one since at the end of the number I did reach the age of 65. According to the statistics, and because I am female, I still have another 20.5 years left to go, that makes me really happy. But it also -- the statistic rings up something that is happening.

We are not dying very young as a baby boomer generation, there are more and more people who are tending to live many more years. And that in place a whole lot of things in terms of need for research, how we distinguish differences in the population that is aging.

Okay, here is another one. Minority populations. Particularly the Hispanic population, at one point considered much younger. It is also aging at a significant rate. The statistic is reporting on all minority populations in the United States. Which is approximately 22% of the aging population in 2014.

The chart is looking strictly at the Spanish-speaking population and as you see the predicted increase is quite large.

This is another increasing phenomenon. In 2014, there were over 500,000 grandparents who were primary caregivers, economic and physically, for their grandchildren. This statistic does not include those of us who may have partial responsibility for our grandchildren or a significant portion of economic responsibility for our grandchildren even though they may not actually live in our household. Nor does the statistic account for those households in which children -- in which parents and children are living, both living with grandparents. So this is an increasing phenomenon that also is important as we address resources for aging and the issues of aging.

Stages of aging. All of us at some point in our careers studied stages of childhood, we talk about young adults and older adults, we talk about toddlers and adolescence, but until relatively recently, there have not been many to find ways of looking at old age.

As there are more people, remaining alive for longer time periods, the necessity developed for looking at stages of aging because someone who is 65 and someone who is 85 are really not the same category. -- In terms of their needs, in terms of what they are able to do for themselves.

So this defines that the young, old, I do like that term of those were from 65-74. The middle old or the old old and there is a debate over which of those terms is going to wind up in the final,, are aged 75-84 and the very old, are the ancient ones, those people to find over 85, Ancianos.

Links take you to two references from pub med that are articles that talk about the staging of ages, aging and differences in our ages as we grow older. You cannot avoid aging. None of us are able to change, we are all going to get old. And the only alternative to getting old is not [Indiscernible - low volume] quite think about yet.

How do you maintain a positive attitude, how do you make it healthy and this is where there are lots of resources out there. One has to do with your physical health. Exercise, adequate medical care, they are both important and our physical health, and there are two major leagues here that I will go to in a minute, on maintaining our health as we age.

The other is our mental health is extremely important. And event those of us who do not suffer from Alzheimer's another form of dementia as you age, it is harder to maintain your mental ability, how do you do that?

With a positive attitude and with exercise of your brain. So this is A, this is a screenshot in case there was no Internet today, of the CDC page on healthy aging. But I am going to back up and I am going to actually go to the MEDLINEplus page. Okay. This is MEDLINEplus which is [Indiscernible - low volume] academic research. Absolutely excellent source based on the most recent resource. To give you information on aging. In the case of this particular webpage, it is one that you could very easily change to Spanish. To be able to see the Spanish-language version of the webpage and reach the Spanish-language translations of the age. Okay.

Let me get back to the PowerPoint. It went backwards a bit. Okay. Here we go, let us take it from this slide.

No, no. Okay. It is always awkward to go to the Internet live but now we are back. Let us continue. Here is the CDC page. They MEDLINEplus page in Spanish so that within the slide when you have it you will have the access. Talking a little bit about physical health and government resources that are out there for maintaining physical health as we age. National Institute on aging is an absolutely excellent agency providing multiple resources on aging and all of its aspects. The national Institute of aging sponsors a program called go for life and you see their shots of two of their publications and the have many more. The go for life program is designed to help aging citizens maintain their physical health. Virtually all of their publications are available in both English and in Spanish and if you do not know them, it is worth going to the site. You can order them and order them in multiple copies. You can distribute them at your library be. If I remember they will send to as many as 200 copies that you can then distribute to your users. Other sources for physical health information, healthy people.gov, healthy people 2020, is a CDC initiative for helping us to maintain our physical health into old age.

How old is your heart, it is a video and it is only one of many videos that the CDC provides on YouTube that if you have users who are, because of age, less able to read, then there are multiple videos available that they can watch on varying topics about aging.

Okay, here is the Spanish-language page of the national Institute on aging. It is an extremely valuable resource if you have Spanish-speaking population and as you can see you can order publications from them in Spanish and have them available to your users who are Spanish speakers. Okay, mental health, mental health, and I think our last presentation on Alzheimer's illustrated very well, that the other aspects of aging become very unimportant. If you do not have your mental health.

And many of us, whether we like to face it or not, and I daily, when I get up because my grandmother did have Alzheimer's, we did not call it that in those days, but she did, I get up daily and if I cannot remember where my keys are my first thought is oh dear, is this the beginning of the deterioration of my mental health? So I think maintenance of your mental health, as long as possible, is a very important thing because it keeps you were able to be more independent as long as possible.

These are all sources of mental health information. Women's health.gov, it is a really excellent initiative for the federal government on women's health and it provides information in English and in Spanish, on many women's health issues, not just those of aging, but it also has aging resources. The CDC provides resources on mental health and aging. And the national Institute -- National Institute of Aging and the national Institute of mental health together provide -- now I am taking you there -- resources on the national Institute of mental health, this is there page of resources on older adults and mental health.

I cannot urge you enough to explore this as a resource and take care of your own health. And that of your loved ones. Make this information available to your children my now adult children really try hard to avoid this topic and I have been forcing them into look, you need to deal with, at some point you may become our caregivers and you need to be informed before you get to that point so this information is important in terms of sharing it with other people in your life, who may be your caregiver at some point.

Okay. Once again. My presentation does not want to go back to where it was so let us go find where I was. I think this is probably it. Yes, so here we go.

Again, sharing this information on aging with your colleagues, with your family, with those who may become your health caregivers, you are at the point of perhaps giving us might be coming at caregiver for an elderly person yourself, is very important part of the more education you have about it the easier this situation will be. Okay here is the Internet page of the women's health.gov on healthy aging, this is important because the typically those of us in the room who are female are much likely -- we actually live for five or six years longer on the average that our male counterparts do so for us healthy aging really is an important issue.

Okay. Let us talk a little bit about some of the issues that arise and Donna touched on it in her Alzheimer's presentation on discrimination and laws which protect us and the workplace for older workers.

There are protections for discrimination against aging. I am happy to say that in my institution age is actually valued as an important thing but that is not always the case. And there are many older workers who instead of being valued for what they can provide are thrown out of the workplace, forced to retire despite the fact that there are legal protections. One of those is the older Americans act which was first passed in 1965, and it was reauthorized in this year, 2016. The links to that act and all of its amendments over the years are on the administration on aging website.

The other important act is that of the age discrimination, employment act of 1967. And its information is listed here. It prohibits employment discrimination against workers who are 40 years of age or older. It is important to know about these laws, be able to find them, reason for yourself, -- read them for yourself, because you may at some point, despite your thinking, this could never happen to me, you could at some point be perfectly capable of continuing to work and be discriminated against because of your age. So educate yourself about these laws, they are there, they are federal laws, they protect aging workers in the workplace.

Okay. Another practical thing out there that we got to talk about as we age, money, pensions, long-term-care. Anyone who has ever had to deal with long-term care for an aging relative those that it is an exceedingly difficult emotionally, and it is a physically difficult experience. And it is an extremely financially costly experience. If you have not provided for it.

So please, with your aging relatives, or for yourself, put a little time and thought into MI going to have enough money as I aged pay for the care that I need? How good is my pinching? Maybe I should take a look at it. Both of these are one -- one takes you to USA.gov in Spanish site with information in Spanish retirement and if you change the site English the same information is there in English and the other is a link to the Social Security website. It is a glossary of terms they use in English and Spanish. It is useful because it is not just terms Social Security uses but they have a lot of other terminology that the government uses about aging and it is a good idea to go in also to Social Security, look at, go get your report online, find out what Social Security would look like.

Many of my colleagues who are thinking of retiring at an earlier age and myself included, there is a very drastic difference. If you retire at 66, for which most of the baby boomer generation age retirement age is, and if you work four more years until 70, if you are able, there may be a very drastic difference in the amount of your Social Security which could over the long-term in terms of your need for long-term care, be an important consideration, at what age you retire or do not retire.

Okay, and the thing that none of us would really, really, really want to talk about at all, is death and the grieving of those that we leave behind.

The first of these links, eldercare.gov, that link has formation [Indiscernible - static] helping you find information for caring for an elderly family member or for yourself if they are needed. The second link is to the Spanish information page on death and grieving. And my little Spanish cartoon here it says death is that thing that comes after aging, after I lose my hearing, after we lose our vision, and there is no energy, when my body is weak, those are all symptoms of I am going to die. So it is something that we do need to deal with. Those of you who have a Hispanic, Spanish-speaking population, death and grieving are a more prolonged process for many other cultures than for us, or at least they are shared were publicly for a longer time period.

My colleagues are probably going to laugh when I say this, in Puerto Rico is perfectly all right to go to the cemetery, or sit in a chair and talk to your dead relatives, okay? My father who is a very rational engineer, when my mother died, my sister and I thought, okay, he is required, not saying much and one day he said would you please pack a lawn chair, two sandwiches, thermos of coffee and take the to the cemetery because I would like to talk to your mother. So sometimes we have unexpected reactions, but this is a part of the aging process and it is something that we should all probably be a little more open about talking about and certainly talk about with those friends and family who are going to be involved in this.

Correction: thermos of coffee.

And here is the screenshot of the links to the MEDLINEplus Spanish page, in Spanish, on grieving. Switch it to English, there are really excellent resources available. Including dealing with your children, your grandchildren, and the process for them. Okay, these our main -- not all of the government agencies, because virtually every agency out there, okay, CDC, health and housing, Department of Justice, there are numerous congressional acts, many, many resources on aging, but in particular the National Institute of Aging and the administration on aging, they are government agencies with multiple resources who are focused on helping citizens deal with the aging process. And resources for research the publication that are listed here, aging well in the 21st century is a national Institute of aging publication for researchers to take a look at and it goes over the directions of aging research that the government is providing funding for and is interested in, in addition to that of mad is probably -- pub med is probably the best source for scholarly research information [Indiscernible - low volume] on aging and with that, I am finishing up so I am going to say thank you and a multitude of languages, and I am open for questions and those of you like I am that are registered for the ProQuest lunch, if you want to go to lunch, piece till free to do so. Any questions or comments?

Anyone? Okay with that, I am happily available, I have multiple Spanish-language resources, other than the ones on aging, if you are interested in providing for your Spanish-speaking population, which is sort of my personal mission as government documents library and I thank you very much for your attention.

[Applause]

Thank you for using WebEx. [event concluded]

