

Senior Perspectives

KENT COUNTY EDITION

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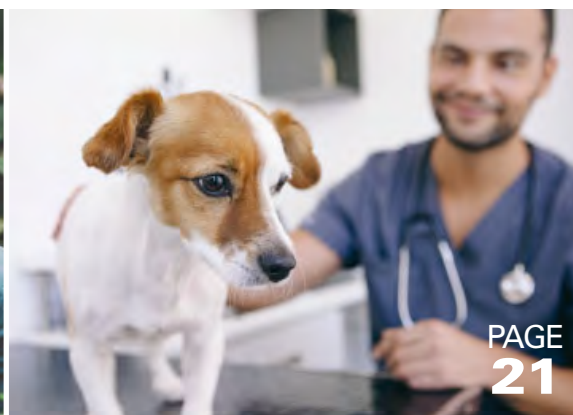
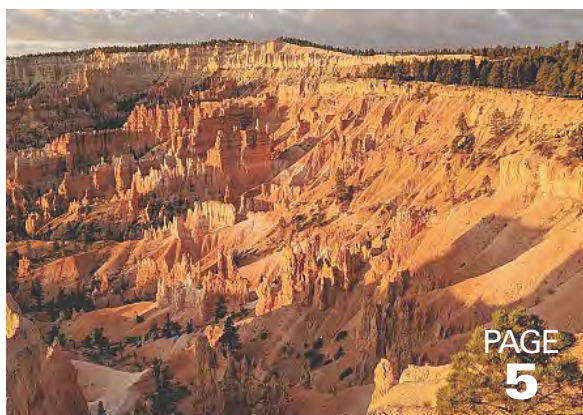
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A R E A
AGENCY
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JANUARY | FEBRUARY 2019

Pg. 5 - National Parks ■ Pg. 10 - Palliative Care ■ Pg. 12 & 13 - Game Pages
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Mission:

Area Agency on Aging of Western Michigan's mission is to provide older persons and persons with a disability an array of services designed to promote independence and dignity in their homes and their communities.

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LAST WINNER: CAROL BLAUWKAMP OF HUDSONVILLE
The dementia logo was found on page 13 in the Christmas cookie photo.

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Area Agency on Aging of Western Michigan (AAAWM) connects adults to quality services that promote and preserve their dignity, independence and well-being, coordinates support and education for caregivers, and leads advocacy efforts on behalf of older adults.

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National Parks



BY
JACKIE
O'CONNOR

I love National Parks. I try to visit a new one every year. I started hiking in the parks when my kids were “tweeners” and now 20 years later I am still hiking, just a bit slower.

Recently I traveled to Utah because it has five National Parks, a few National Monuments and some great State Parks. Let me tell you about a few adventures in Zion and Bryce National

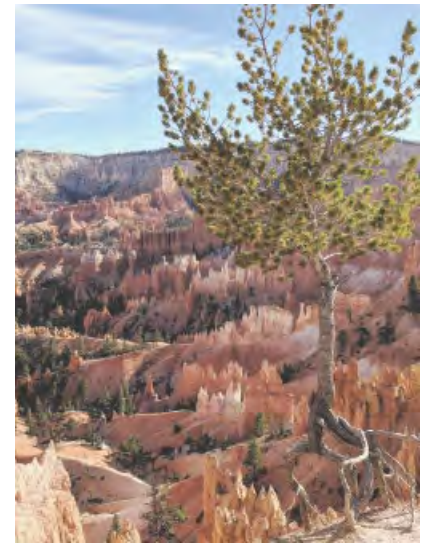
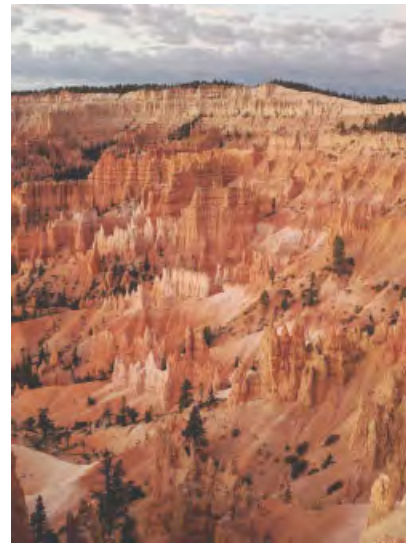
Parks. Their beauty and wonder are so vastly different from what we enjoy in Michigan.

Entering Zion, you are at the bottom of the canyon, always looking up at the red rock walls. Red from the iron that is in the soil and rock formations. This is one National Park that has chosen to control the worldwide visitors by offering a free shuttle bus system. The shuttle will take you to the start of all the highlights of the park, but you do need to walk from your bus stop to see and know the inner beauty of the canyon. There are free Ranger-led hikes and talks, private led hikes or you can do it on your own. But for most views, you will be going up.

My first hike was the Watchman trail led by a Ranger who also explained the various vegetation along the trail. The moderate trail was 3.3 miles round trip and up an elevation of 370 feet. When you arrived at to the top, there is a great view of the Towers of the Virgin, lower Zion Canyon, Watchman Peak, and the small town of Springdale which is next to the National Park. This hike is best done in the morning when it is cooler and mostly in the shade. Our Ranger surprised us with a sample of prickly pear jelly made from the local prickly pear cacti. Quite delicious and a nice treat on our hike.

A paved trail that is handicapped accessible but has a great view of Zion’s stone walls is Pa’rus Trail that runs along the Virgin River. Walk up to the bridge at Canyon Junction as dusk is falling and see the setting sun light up the canyon walls.

After two days in Zion I headed out on Zion-Mount Carmel Highway (SR-9),



which passes through the Zion-Mount Carmel Tunnel. The tunnel is 1.1 miles long and was built in 1930. Most of the time the tunnel is limited to one-way traffic because of large camper vehicles that need a wide berth. Illumination is provided only by car headlights and the occasional galleries or what I would call “open windows” to the canyon below.

Next stop was Bryce Canyon which is the opposite of Zion in that you arrive at the top of the canyon, 8,000 feet above sea level, and the road through the park always has you looking down. Down at the hoodoos. Bryce has more than 200 days of above and

below freezing temperatures in a 24-hour period. This freezing and thawing cycle breaks the rocks down. Over years, a rock plateau breaks down into walls of stone, then creates windows in the walls until finally there are free-standing stone shafts called hoodoos. And what a beautiful sight they are. One morning I watched the rising sun shine a gold spotlight on the hoodoos. Temperature was only 40 degrees. A few hours later I was walking the moderate Queens Garden Trail down from Sunrise Point to the floor of the Bryce amphitheater. The trail got its name from a rock face that looks like Queen Victoria in a long flowing gown. The hoodoos ranged from my height to over 10 stories tall. I linked up to the Navajo trail which led me out of a “slot” canyon and up to Sunset Point. Well worth it. Later that night I participated in a Ranger talk on the night sky. The stars and the planets sure look bigger and brighter away from city lights.

If you are 62 years of age, I highly recommend getting a lifetime Senior Pass to the National Parks. It now costs a one-time fee of \$80, but all the passengers in your vehicle get into the park free. There are 59 National Parks in our country, and more national monuments, national lakeshores and seashores. Go out and enjoy them.

Jackie O'Connor is Executive Director of AAAWM and has been working with older adults for over 40 years. Her hobbies include photography, hiking and visiting a new National Park every year.

Avoiding the MI Choice Maze

With the population of people age 65+ in the United States expected to double by the year 2030, it is no wonder every other advertisement on television, in magazines and on the internet is marketing services to older adults. Not only is the population of seniors growing, people are living longer. The result? Businesses created to serve seniors are sprouting up every day.

For the most part, the increase in the need for services has inspired innovation and offers older adults a greater variety of options for care than in decades previous. Today, it is possible for many older adults to live out their remaining years in their own homes. The rapid increase

in businesses catering to seniors also raises red flags. Some businesses are in it for the money and will promise the moon, but what seniors and their families receive instead is a run-around, endless waiting and misinformation. The motto, "If it seems too good to be true, it probably is" is a good one to hang on to when considering some of these promises.

One of these flags is the promise to get a senior connected to "Medicaid waiver programs." It seems so simple – one gets a waiver and then they

get services. Right? Well, not always. What these companies are referring to is the MI Choice program. It's important to know the facts about MI Choice, so you don't find yourself stuck in a maze of misinformation.

The "waiver" being referred to is not a piece of paper – it is not a pass – it is funding that the government set aside to be used for a specific purpose. There are often strict criteria attached to these types of funds to insure they are being used for the purpose intended. This is the case with MI Choice.

MI Choice provides adults age 65+ and adults 18-64 with a certified disability the services necessary to continue living independently, rather than moving into a long-term care facility. Individuals in the MI Choice program can receive help with all sorts of daily living tasks, like in-home cleaning services, bathing and dressing, nursing, and meal delivery. Individuals may qualify for services like home modifications, personal emergency response systems, and transportation. Stephanie Hecksel, LMSW, Outreach Specialist at Area Agency on Aging of Western Michigan (AAAWM) explains, "There are a variety of services offered through the MI Choice program to help individuals remain as independent as possible. MI Choice is also a person-centered program, which means services are put into place based on the individual's unique situation, needs and personal choices."

MI Choice is a fantastic program and there are many people who qualify for MI Choice, but still don't know about it. Unfortunately, a lot of people who aren't qualified for the program are being referred to it, which takes time and resources away from reaching out to those who need it.

Besides age, one of the main criteria is that the person being referred to the MI Choice program is nursing home eligible. Eligibility usually involves needing assistance with daily living tasks like moving, bath-

ing, dressing, cooking, etc. "Most commonly," Hecksel describes, "individuals need some sort of ongoing, hands-on assistance due to physical or cognitive challenges." Determining whether someone is nursing home eligible involves several criteria and is done through an assessment performed by a licensed social worker and registered nurse. If it turns out that a person is not eligible for MI Choice based on the criteria, these same professionals can help an individual get connected to other available services and help them receive the level of help they need to remain independent.

When seeking services, it is also important to recognize that the State of Michigan has designated specific non-profit agencies specializing in services for older adults as the agents for the MI Choice program. In our region, which is made up of Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo and Osceola counties, there are two agencies: Area Agency on Aging of Western Michigan and Reliance Community Care Partners.

Attempting to follow other avenues into the MI Choice program significantly delays a person's ability to get connected to the services they need.

Applying for the MI Choice program begins with a phone call to Area Agency on Aging of Western Michigan or Reliance Community Care Partners. If you are interested in learning more about the services that may be available to you or your loved ones or you would like to begin the application process, contact Area Agency on Aging of Western Michigan at (888) 456-5664 or email at aaainfo@aaawm.org. Reliance Community Care Partners can be reached at (800) 447-3007 or info@relianceccp.org.

Regina Salmi is the PR & Communications Coordinator for AAAWM. When not keeping up with two busy teenagers, she enjoys reading, writing, volunteer work, golf, technology and learning something new every day.



BY
REGINA
SALMI



ADVOCATES
for Senior Issues

"Information is the currency of democracy"
Thomas Jefferson

Advocates for Senior Issues is a non-partisan group comprised of individuals and senior organizations discussing issues of importance and influencing legislation.

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Humor in Caregiving

How Can I Laugh at a Time Like This?

When we think of caregiving, very rarely do we think of laughter. After all, it is laughter that brings us back into the joy of the present moment, usually in an unexpected way. Famous actor Bob Newhart once stated, "Laughter gives us distance. It allows us to step back from an event, deal with it, and then move on."

Isn't that just what we need as a caregiver? It is often too common for a family caregiver to leave our sense of humor behind. After all, what is funny? At serious times, we tend to focus on the sickness, disability, or care needs of the person we love. Research has shown us that even in the grimmest situations, laughter and humor are good for us.

Finding humor in our day will allow us to lighten up, relax, and become more likely to find an improved mood. Many studies have shown that laughter is good for our health. Laughter is life's natural relaxant. When we laugh our whole body relaxes. Our immune system is boosted, and antibodies are increased which defend our body against abnormal cells. Blood flow to the heart is increased, providing a better air exchange which oxygenates the entire body and is a very good thing for our brain. This natural blessing also helps us deal with the challenges of caregiving and can help protect you, a caregiver, from a heart attack. Laughter is also a natural form of exercise for many of our large and small muscles including facial, thoracic, abdominal, and pelvic muscles. If we are optimistic about our daily activities, it is likely we will be better prepared to find the blessings in our caregiving journey. Humor can help us do this by shifting our focus off ourselves and on to other people. Laughter often is the best



BY
KENDRA
SCHUMAKER

medicine. Laughter is contagious and helps us connect with others, especially the one we are caring for.

We have all heard the saying, "I laughed so hard I cried!" It turns out that there is strong evidence that these emotions are much more closely related than we once thought. *The Magic of Humor in Caregiving* by

James R. Sherman discusses the therapeutic effects of humor in the caregiver situation. In his book, there is a story about an adult son who gave his father (whom he was caring for) a Super Soaker. The two ended up laughing and playing in a way that they had not done in years. It was a way for the father and son to connect in a very intimate, yet non-verbal and very powerful way. This was especially important for the adult son, because his father had lost many of his word-finding abilities due to dementia, and through play his son really felt that he and his father were "on the same page." Often as caregivers, we miss the reassurance from our care recipient that we are doing a good job. We want reassurance that they know who we are, and that they know we love them.

If you have seen the movie *The Bucket List*, you may remember the discussion of the ancient Egyptian belief that when their souls got to heaven, there were two questions that would be asked before they could enter heaven. The first question was, "Have you found joy in your life?" The second question was, "Have you brought joy to others?" It is especially true for us when we are going through the most serious times in our life that we remember there were joyful moments before the illness, and that there can be similar moments during,

and after the caregiving has stopped. We can be so caught up in the moments of caregiving that it does seem like it will last forever, but in reality caregiving will come to an end. As caregivers we dread that time, but if we recognize it we can make better choices and further enjoy the time we have with our loved one.

Now that we have discussed how valuable humor can be in a caregiver's life, how do we realistically incorporate it in our daily life? My first step toward this was realizing that I can't control the world around me, nor can I control my mother's physical health. I may do everything I can to help her on her life's journey, but ultimately I am not in control. This is where people often turn to their higher power for help. Next step: Be nice to yourself. Use positive self-talk, treat yourself as you would your best friend. Don't always notice what you have not done, instead focus on your best. Live as though you want to have "no regrets". Realize that this journey is uniquely yours. Learn to laugh now,

rather than waiting for "someday". Don't take yourself too seriously. Think about creating a file of funny jokes, special cards, and other positive reminders that your time on earth as a caregiver will ultimately be brief, although sometimes it may not feel like it! Lastly, make time for a special friend(s). Fill your emotional bucket whenever you can and remember that without you, your loved one would have a deep void in their life. You are special. You are important. Take care of yourself.

Kendra Schumaker has 27 years experience working in the field of aging. As former caregivers, she and her husband, Brian, realized the need for an additional resource for Home and Community Based Care. As a result of this, SarahCare Adult Day Center opened in 2008 to families of West Michigan. Kendra is a Certified Dementia Practitioner, facilitates several support groups locally, and is the Ambassador to West Michigan for the Alzheimer's Association. Kendra's passion is not only home and community-based care services, but also caring for the caregiver!

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LGBT Aging Initiative: Providing Services to ALL Seniors

The Area Agency on Aging of Western Michigan's (AAAWM) mission is "to provide older persons and persons with a disability an array of services designed to promote independence and dignity in their homes and their communities." In an effort to make sure every older adult receives equal service, AAAWM began working on the Michigan Lesbian, Gay, Bisexual and Transgender (LGBT) & Aging Initiative. The initiative is funded by a two-year grant through the Michigan



BY
KENDRICK
HEINLEIN

Health Endowment Fund. The purpose of the initiative is to reduce isolation for LGBT older adults by creating a resource guide listing LGBT-affirming organizations in West Michigan.

LGBT older adults are not as likely to access health and aging services due to fear of being discriminated against.

These fears stem from generations of mistreatment and discrimination in social and healthcare settings. Today's generation does not always realize that LGBT older adults grew

up in a time where they could be placed in a hospital for having a mental illness, or put in jail because they were LGBT. Often, LGBT had to remain invisible. They operated under a "don't ask, don't tell" mentality so that they could keep their careers, housing and even families. Keeping this in mind is important when working with LGBT older adults. Organizations stating that they will not discriminate against members of the LGBT community can mean the difference between someone accessing the care they need or having their health deteriorate because they do not trust that they are safe.

AAAWM, working in collaboration with the Grand Rapids Pride Center (GRPC), created a guide titled, Resources: A Guide to Services for LGBT Seniors & Caregivers in West Michigan. Services found in

the guide include: adult day and respite services, caregiver support, counseling and education, housing and real estate, medical, nutrition and transportation services. This guide is not about LGBT older adults receiving special care or services. It is about making sure they know they can access the same care as everyone else and do not have to worry about hiding who they are to do so.

A PDF version of the guide can be found on AAAWM home page: www.aaawm.org.

Kendrick Heinlein is a graduate of Grand Valley State University. He joined AAAWM in 2016 and started working on the LGBT Initiative in January, 2017. When he is not looking up new transportation options for older adults, he enjoys exploring new nature trails with his wife, son and dog.

Caregiving can be both rewarding and challenging. Many times individuals are thrown into this role with no training and, often, no support.

Family Caregiver University provides practical education and support to caregivers in West Michigan, one class at a time. All classes are taught by community experts and are open to anyone providing care to family members.

To learn more, visit www.caregiverresource.net or call (616) 456-5664

The CRN is facilitated by:

A guide to services for
LGBT Seniors & Caregivers
in West Michigan



Are You Prepared?

BY
SARAH
WILLINK

I have a few questions. This involves a little engagement from your armchair. Are you ready?

Raise your hand if: You are confident that you have all of your affairs in order if a health emergency or crisis occurred. You know WHO would make decisions for you, should you become unable. Instructions regarding your estate and healthcare preferences are clearly written out. You have discussed these topics with relatives and/or close friends.

If you raised your hand (or mentally said yes), to any of the above questions KUDOS to you (!) for you are in the minority by far. The reality is, far

too many people fail to have a plan. How does that saying go again? "If you fail to plan, you plan to fail."

The following is not an exhaustive list but rather a helpful guide. This conversation (and checklist) should be covered as soon as possible and then revisited annually (maybe around the holidays) or as circumstances change.

General:

- Have a list of emergency contacts.
- Create a contact chain. Who contacts who in the event of a crisis?
- Do you have a safe deposit box? Where is it located?
- If you are working through

this list with your parents, assess their needs. Are they comfortable in their home? Are they able to care for themselves?

Health:

- Keep a list of healthcare providers and health insurance companies and their contact information.
- Keep a current list of prescription medication.
- Discuss any pertinent health concerns.
- Do you have a durable power of attorney for healthcare? Written advance directives? Is this information in an easily accessed place?

Finance/Insurance:

- Discuss any banks, brokerage accounts, IRAs, employer retirement plans, plans for the home.
- Make a list of life insurance policies — include company names and policy numbers.
- Be sure all beneficiary information is up to date.
- Review Social Security benefits.
- Is there an insurance policy or savings in place for long-term care living arrangements? If so, what do they cover?

Legal:

- Make copies of legal documents and contact information for legal advisor.
- Discuss the will — is it current, and where is it located?
- Is there a durable power of attorney for finances? (this is different than healthcare DPOA)

Having these conversations prevents tough decisions in the midst of a crisis or after faculties are diminished (which I see FAR too often). You are never too young or too old to have these discussions. It is ALWAYS better to have a plan that is never used than to scramble at the last minute during a stressful event. I hope this list provides a good starting point for conversation. It has been my experience that families who are proactive are always grateful and relieved that they were diligent about planning in advance.

Sarah Willink lives in West Michigan where she enjoys her dogs, sunsets at the beach, watching football and crocheting. She holds Master's degrees in Social Work and in Aging Services Management. She enjoys working with older adults as a Case Manager at the Area Agency on Aging of Western Michigan. She is also a Certified Health Coach and is passionate about wellness in all areas and at all stages of life. She can be reached at sarahwillink@yahoo.com



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Ask the Provider

Understanding Palliative and Supportive Care

Courtesy of Mercy Health

Question: What is the purpose of Palliative and Supportive Care?

Answer: The purpose of Palliative and Supportive Care is to assist patients and caregivers, who are living with a long-term or advanced disease, with improving quality of life and ensuring that patients continue to find meaning and value in their lives.

Question: What is the main focus of Palliative and Supportive Care?

Answer: Palliative and Supportive Care focuses on:

- Examining the goals of care, taking into account the benefits, burdens and risks of treatment.
- Managing all of the patient's symptoms, which may include pain, depression, digestive issues and the impact of cognitive impairment on decision making.
- Addressing psychosocial stress that the patient, caregivers or family members may be feeling caused by the illness or health care system.
- Dealing with financial, social and practical issues the patient and family are facing
- Caring for the human spirit — including any feelings of loss of purpose, as well as spiritual needs of the patient.
- Advanced care planning, so that future treatment plans are aligned with the patient's wishes.
- Transitioning to hospice care as the disease progresses to the end stages of life.

Question: How is Palliative and Supportive Care different from Hospice Care?

Answer: Hospice Care is an impor-



BY
JOEL
PHILLIPS, DO



BY GERALD
HARRIMAN,
DO

tant subset of Palliative and Supportive Care that serves patients and their families at the end of life. Palliative and Supportive Care is not about the end of life, but life until the end. It helps patients with serious, advanced illnesses to live as well as possible for as long as possible.

One important difference between Hospice Care and Palliative and Supportive Care is that with Palliative and Supportive Care, patients will still see their specialists for their medical conditions, receive curative medicines and treatments, as well as undergo

occupational or physical therapy as appropriate. Patients may receive the benefits of Palliative and Supportive Care for a brief period of time or years!

Question: Why do patients and families often hesitate when offered Palliative or Supportive Care?

Answer: Patients and their families may reject palliative care because they think it is the same as hospice care. People may mistakenly think that the patient is dying if palliative care is called in for a consult.

It is important to remember that Palliative and Supportive Care is recommended for patients with serious, complex, and long-term illnesses. It is not requested for patients who "are expected to die soon."

A recent pilot study of patients with serious neurological illness showed that receiving Palliative and Supportive Care early in their treatment was associated with a higher quality of life after 16 weeks than those patients not

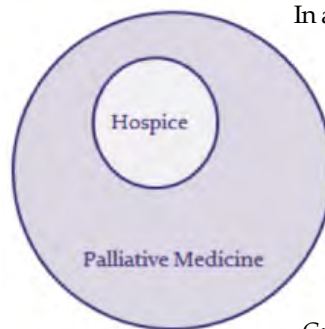
receiving palliative care as early.

In addition, there are numerous medical studies in a variety of settings demonstrating the positive impact of Palliative and Supportive Care on not only the quality of life but the length of life.

Graph to left: Palliative medicine can be provided to any patient with chronic disease, and it focuses on living well. Hospice is a form of palliative medicine specifically for patients with terminal disease at the end of life.

Question: Can patients or their families request Palliative and Supportive Care?

Answer: Yes, on an outpatient basis, patients can ask for a referral from their primary care physician. On an inpatient basis, the referral would need to come from the patient's attending physician while being hospitalized.



Question: Does medical insurance cover Palliative and Supportive Care services?

Answer: Yes, Medicare and Medicaid provide reimbursement for the sub-specialty of palliative care. As we know, Medicare and Medicaid are the largest nation health plans driven by federal and state regulations.

Commercial insurance companies have different plans and coverage. For the most part, we have seen an increase in coverage of palliative care by private health insurance companies — for their sickest members.

At this time, the best advice we can offer is for you to check with your insurance provider for any details and requirements or restrictions regarding Palliative and Supportive Care before you ask for these services.

In Grand Rapids, to contact the Palliative and Supportive Care team at Lacks Cancer Center, please call 616.685.5231. For neuro-palliative care at the Hauenstein Neuroscience Center in Grand Rapids, please call 616.685.5050.



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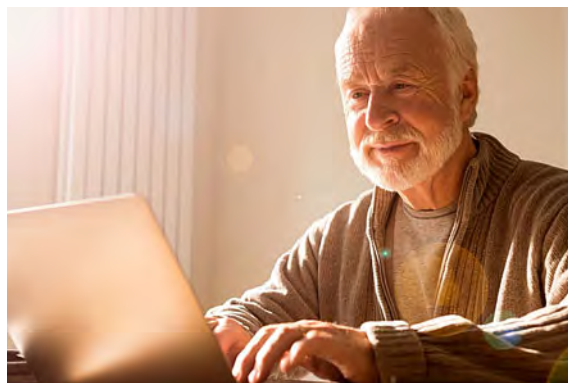
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Understanding Social Security Disability Benefits



BY
VONDA
VANTIL

Disability is something most people don't like to think about, but the chances that you'll become disabled probably are greater than you realize. Studies show that a 20-year-old worker has a 1-in-4 chance of becoming disabled before reaching full retirement age.

Social Security pays disability benefits through two programs:

- The Social Security Disability Insurance (SSDI) program and;
- The Supplemental Security Income (SSI) program.

Social Security Disability Insurance is funded through payroll taxes. Social Security Disability Insurance recipients have worked for years and have made contributions to the Social Security trust fund in the form of Social Security taxes – either FICA (Federal Insurance Contributions Act) for employees or SECA (Self-Employment Contributions Act) for the self-employed.

SSI is a means-tested program, meaning it has nothing to do with work history, but provides payments to people with disabilities who have low income and few resources. Social Security manages the program, but SSI is not paid for by Social Security taxes. Social Security pays benefits to people who can't work because they have a medical condition that's expected to last at least one year or result in death. Federal law requires this very strict definition of disability. While some programs give money to people with partial disability or short-term disability, Social Security does not.

It's important that you know which benefits you may be qualified to receive. You can read more about Social Security Disability Insurance at www.socialsecurity.gov/pubs/EN-05-10029.pdf and more about SSI at www.socialsecurity.gov/pubs/EN-05-11000.pdf.

When you apply for either program, we'll collect medical and other information from you and make a decision about whether or not you meet Social Security's definition of disability. In addition to meeting our definition of disability, you must have worked long enough — and recently enough — under Social Security to qualify for SSDI benefits.

To see if you meet the requirements for disability benefits, visit www.socialsecurity.gov/planners/disability/qualify.html.

Social Security covers millions of people, including children, wounded warriors, and people who are chronically ill. And this is just a part of what we do. Remember, you can also apply for retirement, spouse's, Medicare, or disability benefits online at www.socialsecurity.gov/forms/apply-for-benefits.html.

Vonda VanTil is the Public Affairs Specialist for West Michigan. You can write her c/o Social Security Administration, 3045 Knapp NE, Grand Rapids MI 49525 or via email at vonda.vantil@ssa.gov

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- 3

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- 4

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- 6

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- 7

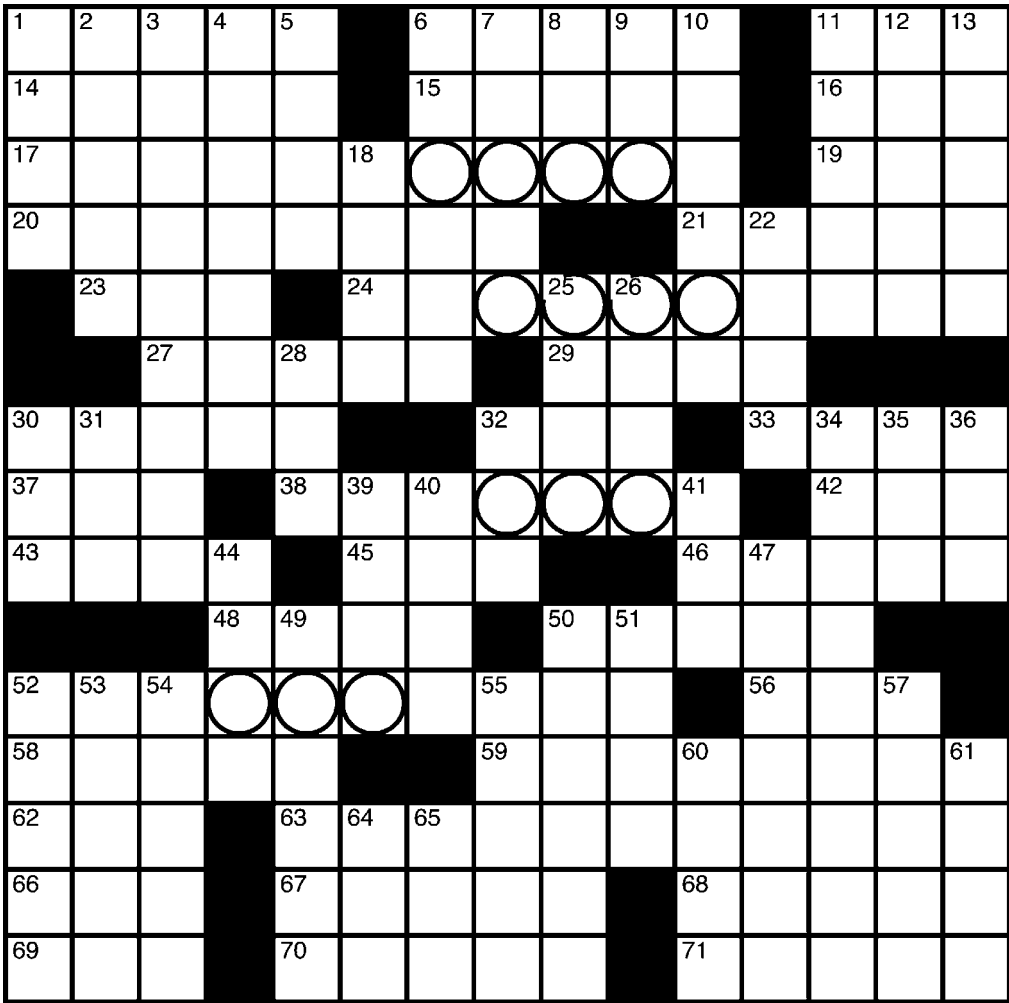
Brand for serious last-minute preparation
- 8

Italian food ending
- 9

Tarnish
- 10

Comes in
- 11

Pain reliever sold in Liqui-Gels



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JUMBLE

Unscramble these four Jumbles, one letter to each square, to form four ordinary words.

CUJIE

ENVTE

CLORSL

LIFTEL

Ans. here:

THAT SCRAMBLED WORD GAME

by David L. Hoyt and Jeff Knurek



Now arrange the circled letters to form the surprise answer, as suggested by the above cartoon.

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

SENIOR PERSPECTIVES GAME PAGE

Answers on Page 23



By David L. Hoyt and Jeff Knurek

INSTRUCTIONS: Find as many words as you can by linking letters up, down, side-to-side and diagonally, writing words on a blank sheet of paper. You may only use each letter box once within a single word. Play with a friend and compare word finds, crossing out common words.

BOGGLE POINT SCALE

- 3 letters = 1 point
- 4 letters = 2 points
- 5 letters = 3 points
- 6 letters = 4 points
- 7 letters = 6 points
- 8 letters = 10 points
- 9+ letters = 15 points

YOUR BOGGLE RATING

- 151+ = Champ
- 101-150 = Expert
- 61-100 = Pro
- 31- 60 = Gamer
- 21- 30 = Rookie
- 11- 20 = Amateur
- 0 - 10 = Try again

Boggle BrainBusters Bonus

We put special brain-busting words into the puzzle grid. Can you find them?

Find AT LEAST SIX U.S. STATES in the grid of letters.

Mixed Seasons

It was a transcendent moment that spring day in April 2018, but not for any special reason or accomplishment. It occurred while Merijo and I answered winter’s demand to shovel our driveway. The task might have been easier if I was a better prognosticator and not stowed away the snow blower too soon. After two hours of shoveling wet and heavy snow, arms tired and back sore, the special moment occurred. I turned to see my wife dressed in black jeans, maize and blue jacket, stocking cap and white mittens. Wielding a red-handled shovel, with which she cleared snow from the driveway, she paused, lifted her face to the sky, and with a breath from the depths of her lungs lamented, “OK, isn’t it time for winter to stop?”



BY
JOEL
DULYEA

April had deceived us with sunshine enough to melt snow and convince brown patches of turf, shadowed with green whiskers, to unite into the remembered backyard of warmer temperatures. In anticipation of spring’s imminent return, our spirits were on the rise. But winter ignored our calendar. I pulled the curtains open to greet with a groan another morning of winter on spring’s door step.

It was a day to endure; a day to remain couched inside with a book beside the fireplace, sheltered from unwanted visitors that ignored boundaries. Sleet slapped our wooden deck with applause, gleeful to linger. Snow blanketed the bed of daffodils, tulips, and grape hyacinth, prolonging their slumber, delaying their blossoms. Hail mimicked our wire-haired dachshund, tapping at the sliding glass door to be let in. It was a time to hole up and wait for warmer temperatures, but Heidi had an appointment with the veterinarian.

Later during the morning, Merijo called from the vet’s office to tell me she nearly got stuck at the end of our driveway. With shovel in hand, I traipsed in boots and warm clothing to the end of the driveway and shoveled. Twenty minutes later Merijo returned with Heidi and slid into our garage on her third attempt. She then joined me to remove snow from the driveway. Once she started, she wouldn’t stop, so neither would I.

Thirteen years ago, Merijo couldn’t walk. Scoliosis caught up with her, leaving her bedridden. Eight months after her surgery, she returned to work with two titanium rods holding her spine as straight as the surgeon could make it. She has strength enough for her physical needs now. Enough to shovel snow.

Her back bone inspires me. Shoveling snow. In that mundane occurrence, when Merijo directed her rhetorical question heavenward, was a coagulation of our life together. Overlapped layers of shared memories melded into a moment. The benefits of our marriage filtered into consciousness; the recognition of love in full maturity.

Merijo crafted a glass jar with the label “Good News” and has placed it in the kitchen. We deposit written messages of meaningful events during the year and read them to each other on New Year’s Day 2019. Upon one note was an early valentine message scribbled after a cold winter’s day in the spring of 2018: “I shoveled snow with the one I love, the one who loves me.”

Joel Dulyea is a United States Army retiree who loves to sing with his wife Merijo, go on dates with his daughter and spoil his wire-haired dachshund, Heidi.

Conquering Arthritis:

Part I



BY HOLLY
LOOKABAUGH
- DEUR

Are aches and pains a normal part of growing old? I am asked this complicated question

often. The answer is just as complex! If we can better understand "aches and pains" as they relate to movable joints, the picture of normal vs. abnormal joint health becomes more clear.

There are three primary types of joints in our bodies. Joints form in areas where two different bones come together. Some joints— called SYNOVIAL

joints -- are freely movable and they are connected and secured by ligaments (bone to bone,) tendons (end of a muscle connected to a bone), soft tissue and fascia, and are encapsulated by a membrane (capsule) that secretes synovial fluid to lubricate the joint. Examples of these joints are knees, hips, shoulders, elbows, and finger and toe joints. The ends of the bones are covered with pressure-sensitive, articular cartilage (hyaline) that protect the bones, absorb shock, and allow for smooth movement between the ends of the bones. Other types of joint categories are FIBROUS, which are non-



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movable joints, such as between the puzzle pieces that fit together perfectly to form the skull. A semi-movable joint category is the CARTILAGENOUS joint – such as between the vertebrae in the spine.

Let's focus on the freely moving joints – our synovial joints. There are many factors that can contribute to aching or painful synovial joints. A few of the normal changes from aging of the musculoskeletal system – our bones, muscles and joints - include the following:

- Reduction in protein synthesis
- Reduction in size and number of muscle fibers, particularly in the lower limbs
- Reduction in muscle growth
- Reduction in the ability of muscles to repair themselves
- Replacement of active muscle fibers by non-contractile fibrous tissue
- Reduction in the number of motor neurons and deterioration of neuromuscular junctions
- Increase in fat deposition at the expense of lean muscle tissue
- Accumulation of lipofuscin (an age-related pigment)
- Reduction in blood flow to the major muscle groups
- Decreased bone density
- Replacement of the elastin component of soft tissue (the ability to stretch and flex) with more restrictive and rigid tissue fiber called collagen
- Gradual deterioration and “wearing” patterns in hyaline cartilage of joints

While this might all sound a bit bleak, believe it or not, we can age WITHOUT pain while all of these changes are happening!

Problems arise when an excessive, disproportionate amount of

joint destruction occurs, causing inflammation and nerve ending irritation. ARTHRITIS is one cause of joint deterioration. While there are several types of arthritis, one of the most well-known and widespread types is osteoarthritis – “osteo” (refers to bone). “Arth” (means joint) and – “itis” (inflammation). Osteoarthritis affects millions of people, and once the anatomical changes occur, they cannot be reversed. The good news is that there are ways to prevent and minimize the impact of arthritic changes, keeping us active, functional and living life to its fullest.

Stay tuned for the next issue where we will explore how to balance the following management strategies for the top areas impacted by osteoarthritis: the spine, hips, knees, and hands.

Top strategies:

1. Specific exercise strategies – for hands, knees, hips, and spine
2. Rest vs. unloaded movement
3. “Over the counter” and natural solutions
4. Nutrition – how diet really make a difference with joint inflammation
5. Eastern medicine strategies
6. Invasive interventions: Injections and surgical interventions

Holly Lookabaugh-Deur is a physical therapist with 39 years of experience and the president of Generation Care. She is a board certified Geriatric Clinical Specialist and special certifications as an edema specialist in oncology rehabilitation, wound care, and as a certified exercise expert for aging adults.



NEW YEAR – NEW YOU!

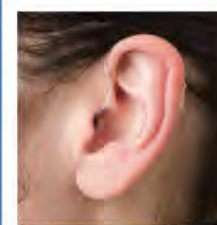
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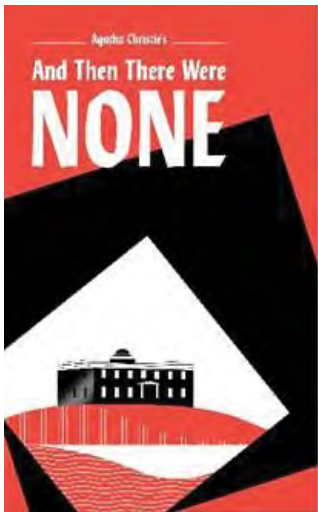
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Family Fun in Grand Rapids

The Grand Rapids Public Museum, Grand Rapids Civic Theatre and Frederick Meijer Gardens announce events and exhibits

Grand Rapids Civic Theatre:

Agatha Christie's *And Then There Were None* takes to the stage through the end of January



This January, step out of the cold and into a world filled with mystery and intrigue as Grand Rapids Civic Theatre produces a dramatic masterpiece. Written by the grande dame of mystery, Agatha Christie's *And Then There Were None* will keep you guessing until the

curtain goes down. Adapted for the stage in 1943, it was a smash hit on the West End and Broadway and it is still surprising audiences today- even mystery fans may be stunned to realize the play has two possible endings!

Ten strangers are summoned to a remote island. All that the guests have in common is that each carries a past filled with dark secrets. When they gather for dinner expecting to meet their host, it becomes evident that they have been summoned to atone for those secrets. Which is the greater struggle, the burden of guilt or the quest for retribution? See for yourself, as *And Then There Were None* takes the stage, January 11-27. Call 616-222-6650 or visit www.grct.org for ticket information.



Frederik Meijer Gardens & Sculpture Park:

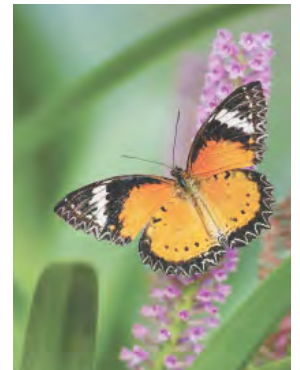
A National Treasure: Fred Meijer, His Collection and Legacy

Although never formally trained in the visual arts or art history, Fred Meijer was deeply interested in cultural endeavors and history, and had a long interest in sculpture. Visit A National Treasure: Fred Meijer, His Collection and Legacy at Frederik Meijer Gardens & Sculpture Park through August 25, 2019. More information can be found at meijergardens.org



Butterflies are Blooming Exhibition

The annual Fred & Dorothy Fichter Butterflies Are Blooming exhibition at Meijer Gardens is the largest temporary tropical butterfly exhibition in the nation. Tropical butterflies from around the world fly freely in the Lena Meijer Tropical



Conservatory every March and April. Throughout the exhibition, there is special educational programming and the Lena Meijer Children's Garden offers butterfly-themed activities. More information can be found at meijergardens.org

Volunteer Program Open Orientation

Explore Meijer Gardens' volunteer program at an open orientation on March 13, 2019. This meeting will last approximately an hour and a half. We will go over policies from the handbook, give an overview of the open positions, tour the volunteer center and take a photo for your badge. Additionally, the Volunteer Manager and several current volunteers will be available to answer any questions you have about our program. More information can be found at meijer-gardens.org



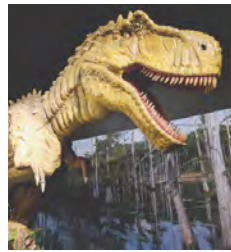
Grand Rapids Public Museum:

Expedition: Dinosaur

Expedition: Dinosaur explores the fascinating world of dinosaurs and the hunt for their fossils from Stage Nine Exhibitions, on display now through Spring 2019.



This exhibit has something for every age and interest, from life-sized and lifelike animatronic dinosaurs - some controlled by visitors - to mechanical and



electronic learning stations. Visitors can learn about modern imaging techniques like high-energy neutron beams that reveal the inside of a T. Rex skull in microscopic detail never seen before.

The exhibit includes a number of hands-on interactives that explain dinosaur movement, digestion, and evolution, and show the life and methods of dinosaur hunters from the 1800s to today.

Expedition: Dinosaur taps into our fascination with these incredible creatures. It is perhaps the closest experience to what it would have been like to be in the presence of a living, breathing Mesozoic-era dinosaur.

This exhibit focuses on the science of paleontology. Exhibit developer Stage Nine Exhibitions engaged renowned paleontologist Dr. Thomas Williamson to consult and inform the exhibit. Dr. Williamson, Curator of Paleontology at the New Mexico Museum of Natural History and Science, was featured in the PBS documentary "The Day The Dinosaurs Died."



TOYS! – Now Open

TOYS! is an interactive, multi-generation exhibition of toys and games to rekindle childhood memories and spark the creation of new ones. This GRPM original exhibit features toys and games from the Museum's Collections and on loan from the community, allowing visitors to

imagine, compete and create, while going on a journey of toys through generations.

"TOYS! is a fun and interactive exhibit experience that is meant to spark inter-generational conversations about the importance of imagination



and play, and how toys have changed over time," said Alex Forist, the GRPM's Chief Curator. "We hope each visitor will remember playing with their favorite toys from childhood, as well as make new memories with their family, friends, and classmates."



Through the design process of the exhibition, the Museum worked with several experts from the community making sure the design was as inclusive as possible

so everyone visiting can enjoy it. The exhibition will be presented in both English and Spanish, and will also include Braille.

Thanks to the many donors, lenders, collaborators and friends of the GRPM who shared their toys and ideas for the exhibit.

Coming Soon...

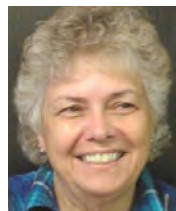
Concerts Under the Stars January through March

Artists to be announced.

Roger That! February 15 & 16

Ice Worlds: New planetarium show Beginning January 7

Fire Safety



BY
CHRISTINE
WISTROM

Most of us try to keep fire safety in mind when we are cooking or working around our homes, but sometimes it helps to stop and take a closer look at how well prepared we really are. You probably feel confident if you have a fire extinguisher handy in your kitchen. Did you know that many people with disabilities are unable to pull the pin out of their fire extinguisher? If you have muscle weakness, or arthritic hands, pulling the pin out so you can use your extinguisher may be impossible. Fire fighters may suggest you leave the pin partially pulled, but that can cause the extinguisher to prematurely discharge and when you need it, it may not work. So, if you have a fire in your home, what can you do? As with most fires, your best bet may be to call 911 and go outside.

Two out every five home fires reported take place in the kitchen. Ninety percent of kitchen fires are from cooking mishaps, most often caused from unattended cooking equipment. If you have a kitchen fire, try to smother it by tossing a damp cotton towel on it, or throwing a box of baking soda on it. Many people keep an open box of baking soda in their refrigerator to deodorize it. If the soda is easily accessible, it may save the day, but do not substitute flour, sugar or baking powder. Baking soda has bicarbonate in the soda that releases carbon dioxide that will smother the flames.

Some other tips include using a timer when you leave something on the stove, not wearing full, dangling sleeves while cooking, and keeping all flammable items away from your cooking area. If a fire starts in your microwave, turn off the power and keep the door closed until the fire goes out. Do not use the microwave again until it is checked by a professional repairman.

If you have a grease fire, do not try to put it out by pouring water on it. This could cause a fireball to develop. Also, do not try to toss the burning pan into the sink as you may drop it and burn yourself. Instead, turn off the heat and place a lid on top to suffocate the flames.

The best way of responding to a fire is by preventing it in the first place. Be sure you have a smoke detector on each floor of your home, and make sure it is in working order. Place one near the kitchen, and another by your bedroom or sleeping area. Replace the batteries at least once a year. If you use a space heater, take care not to overload the electrical circuits, and keep your living area clutter-free and well illuminated. If you use a wheelchair, make sure there are two wheelchair-accessible exits available. A bit of common sense and some advanced preparations can make fire safety a reality.

Chris is a Gerontologist who works at Disability Network/Lakeshore in Holland, Michigan as an Independent Living Specialist. Current interests include assistive technology, veterans' issues, emergency preparedness planning and service dog training.

Healthy Living

How to store herbs and spices

Proper storage helps keep dried herbs and spices flavorful.

Where and when

- **Store in dark-colored containers** rather than clear ones
- **Keep them in a cool place** away from the stove
- **Herbs and whole spices** should last about two years; ground spices, about a year

Source: University of Nebraska Cooperative Extension, TNS Photo Service



Homemade

Peanut butter made in a food processor has a rich flavor and no added sugars or preservatives.

The recipe

- **For smooth peanut butter**, grind 1-1/2 cups of unsalted roasted peanuts with 1 tablespoon peanut oil in food processor until creamy
- **For chunky style**, chop 1/4 cup of peanuts in processor and set aside; add to processed nuts and oil

The count

- **Two tablespoons** yields 115 calories, 10 grams of fat and 4 grams of protein

Source: Nemours Foundation KidsHealth TNS Photo Service





BY
JERRY
MATTSON

Special License Plates

When they first became available in Michigan, in 1973, they were known as Vanity Plates. I suppose you only got one of those if you were vain enough. Maybe one of these two dictionary definitions of vanity could apply: “inflated pride in oneself or one’s appearance” and “a fashionable trifle or knickknack.” By the time I bought mine, they were Personal Plates and I did not have to feel vain when buying them.

I have had some fun reading others’ plates. My cousin had ILBCNU on her car. That one was easy to figure out. Others may be confusing or just make no sense to someone not fully tuned-in to today’s world.

In 2001, my friend Lee Ekblad and I drove cross country in his 1935 Ford in The Great Race. Preparing

for the event, we thought a special plate would be in order, so he got 2SWEDES for the car. One of the first people to see the car after the plate was mounted was his niece. “What does 25 Wedes mean?” she asked.

My wife, Suzette, and I spend a lot of time riding in our 1939 Plymouth hotrod which resembles a 1950s



era dirt-track racecar. A friend and I picked #42 for the car, the same number singer Marty Robbins used when he raced in NASCAR. As another nod to him, my plate is DVL WMN. One of his hit songs, and the name painted on one of his early race cars was Devil Woman. My wife is often questioned on what she did to deserve the recognition. Whoops.

Not all personal plate applications are approved. A screening process weeds out those deemed offensive by the DMV. If someone lodges a complaint about a plate, it can be recalled by the state. As of June

2017, over 300,000 personal plates were being used in Michigan, and 27,401 were on the denied list. In Canada DVL WMN is banned according to a short piece titled “Restrictor Plates” in the May 18, 2009 Auto Week magazine. It stated that an application for a plate like mine was rejected along with 17 others including: FLOR-IT, RACE2WN and DEMON. How about that, eh?



My other personal plate is FUN48F1. This is on our modified 1948 Ford F-1 pick-up hot rod.

At a car show, I saw MRSOBER on a plate at the rear of very large 4 X 4 pickup. The owner was also very large, about six-foot four, and looked like Mr. Clean. I asked him, “Who is Mrs. Ober?” In no uncertain terms, he let me know that it was Mr. Sober. Oops. That was a little too personal, I guess. Later that summer, I saw him and the truck again. I did not mention his plate, but I did notice a white dot of paint after the first R.

Rather than making a guess, the safest, way to find out what a plate stands for is to just ask, “What does your plate mean?” WHTISIT

Jerry enjoys writing stories about mechanical things, especially cars and auto-related items. He has many Michigan license plates mounted on the walls of his shop, the oldest from 1931.



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Question: I am receiving Social Security retirement benefits and I recently went back to work. Do I have to pay Social Security (FICA) taxes on my income?

Answer: Yes. By law, your employer must withhold FICA taxes from your paycheck. Although you are retired, you do receive credit for those new earnings. Each year Social Security automatically credits the new earnings and, if your new earnings are higher than in any earlier year used to calculate your current benefit, your monthly benefit could increase. For more information, visit www.socialsecurity.gov or call us at 1-800-772-1213 (TTY 1-800-325-0778).

Question: I'm trying to figure out how much I need to save for my retirement. Does the government offer any help with financial education?

Answer: Yes. For starters, you may want to find out what you can expect from Social Security with a visit to Social Security's Retirement Estimator at www.socialsecurity.gov/estimator. The Financial Literacy and Education Commission has a website that can help you with the basics of financial education: www.mymoney.gov. Finally, you'll want to check out the Consumer Financial Protection Bureau, which offers educational information on a number of financial matters, including mortgages, credit cards, retirement, and other big decisions. Visit the Consumer Financial Protection Bureau at www.consumerfinance.gov.

Question: Can I delay my retirement benefits and receive benefits as a spouse only? How does that work?

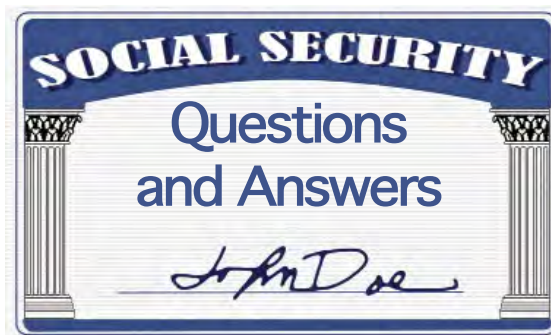


BY
VONDA
VANTIL

the holiday season, Social Security has traditionally seen a spike in phishing scams, and we want to protect you as best we can.

We urge you to always be cautious and to avoid providing sensitive information such as your Social Security Number (SSN) or bank account information to unknown individuals over the phone or internet. If you receive a call and aren't expecting one, you must be extra careful. You can always get the caller's information, hang up, and — if you do need more clarification — contact the official phone number of the business or agency that the caller claims to represent. Never reveal personal data to a stranger who called you.

Please take note; there's a scam going around right now. You might receive a call from someone claiming to be from Social Security or another agency. Calls can even display the 1-800-772-1213, Social Security's national customer service number, as the incoming number on your caller ID. In some cases, the caller states that Social Security does not have all of your personal information, such as your Social Security number (SSN), on file. Other callers claim Social Security needs additional information so the agency can increase your benefit payment, or that Social Security will terminate your benefits if they do not confirm your information. This appears to be a widespread issue, as reports have come from people across the country. These calls are not from Social Security.



Answer: It depends on your date of birth. If you were born before 01/02/1954 and your spouse is receiving Social Security benefits, you can apply for retirement benefits on your spouse's record as long as you are at your full retirement age. You then will earn delayed retirement credits up to age 70, as long as you do not collect benefits on your own work record. Later, when you do begin receiving benefits on your own record, those payments could very well be higher than they would have been otherwise. If your spouse is also full retirement age and does not receive benefits, your spouse will have to apply for benefits and request the payments be suspended.

Then you can receive benefits on your spouse's Social Security record.

If you were born on or after 01/02/1954, and you wish to receive benefits, you must file for all benefits for which you are eligible. The Social Security Administration will determine the benefits you are eligible for and pay you accordingly. For individuals born on or after 01/02/1954, there is no longer an option to select which benefit you would like to receive, even beyond your full retirement age. Widows are an exception, as they can choose to take their deceased spouse's benefit without filing for their own. For more information, please visit www.socialsecurity.gov.

Vonda VanTil is the Public Affairs Specialist for West Michigan. You can write her c/o Social Security Administration, 3045 Knapp NE, Grand Rapids MI 49525 or via email at vonda.vantil@ssa.gov

Beware of Social Security Scammers

In the digital age, frauds and scams are an unfortunate part of doing business online. During



Callers sometimes state that your Social Security number is at risk of being deactivated or deleted. The caller then asks you to provide a phone number to resolve the issue. People should be aware the scheme's details may vary; however, you should avoid engaging with the caller or calling the number provided, as the caller might attempt to acquire personal information.

Social Security employees occasionally contact people by telephone for customer-service purposes. In only a few special situations, such as when you have business pending with us, a Social Security employee may request the person confirm personal information over the phone.

Social Security employees will never threaten you or promise a Social Security benefit approval or increase in exchange for information. In those cases, the call is fraudulent, and you should just hang up. If you receive these calls, please report the information to the Office of the Inspector General at 1-800-269-0271 or online at oig.ssa.gov/report.

Remember, only call official phone numbers and use secured websites of the agencies and businesses you know are correct. Protecting your information is an important part of Social Security's mission to secure today and tomorrow.

Vonda VanTil is the Public Affairs Specialist for West Michigan. You can write her c/o Social Security Administration, 3045 Knapp NE, Grand Rapids MI 49525 or via email at vonda.vantil@ssa.gov

Ask the Vet

Canine Influenza Virus



BY
DR. ERIC
PETERSON

With the temperature starting to drop and friends, family, and coworkers coughing and sneezing we start thinking about trying NOT to get the flu! It turns out our dogs have their very own strains of the flu, too!

There are currently two types of canine influenza viruses (CIV) H3N8 and H3N2. While these sound similar to the types of flu we can get, we cannot catch the flu from our dogs. CIV is fairly new to the State of Michigan, and since July 2018 we have had 160 confirmed cases state wide (last reported date 10/3/2018). CIV is a reportable disease, so if a veterinarian diagnoses a case of CIV, he

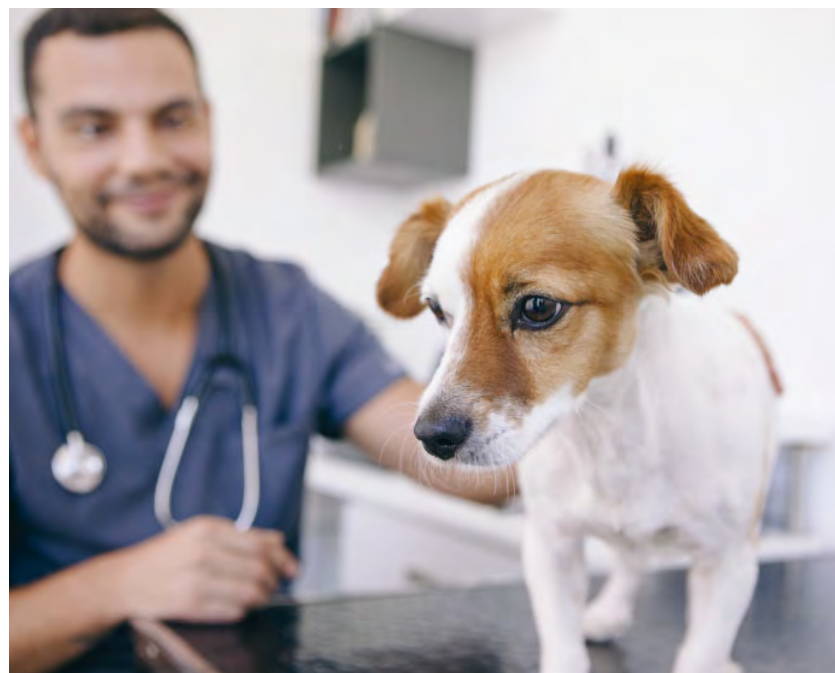
or she must report it to the Health Department so that it can be tracked. Many diseases diagnosed by veterinarians are not reportable, so this makes CIV different.

CIV is a highly contagious respiratory tract infection and is frequently associated with the kennel cough disease complex. The CIV is spread in high population environments such as shelters, dog parks, dog beaches, kenneling facilities, boarding and grooming facilities. Spread of the virus occurs via aerosol transmission that can occur by direct contact (dog to dog) or indirect contact (on inanimate items such as doors, walls, plants, etc.). The virus can remain in the environment for up to 48 hours. Peak infections typically occur in the winter months but will also show up during summer and fall.

A dog can become infected within a few hours of exposure to the virus and can show illness within 2-4 days. Dogs with CIV typically cough and sneeze while having thick nasal and eye discharge. Most will be lethargic (slow and sluggish) and have a decreased appetite. Many will come down with secondary bacterial infections that will lead to green or yellow discharge too. For most dogs, recovery will happen within 2-3 weeks, however some can battle lengthy infections requiring hospitalization. The occasional dog can have CIV and never show any signs (coughing, sneezing, etc.) while still being able to spread the disease. In rare cases, CIV can lead to death.

To help keep your dog free and clear of CIV, limit his or her exposure when an outbreak is present. If your area has CIV, keep your dog from going to places where they will encounter other dogs or where other dogs frequent. There is a safe and effective vaccine available from your veterinarian to protect again both strains of CIV so that you can prevent your dog from getting sick. It is a vaccine that is recommended for dogs that frequently have high exposures to places where other dogs frequent.

If your dog is showing signs of respiratory disease (coughing, sneezing, eye or nose drainage) contact your veterinarian. For more information on Canine Influenza Virus (CIV) contact your veterinarian.



Dr. Eric Peterson is a North Muskegon High School graduate and has lived in Muskegon life-long. In 2003, he graduated from the College of Veterinary Medicine at Michigan State University. He currently owns and practices at Northside Veterinary Hospital and Holton Road Veterinary Clinic in Muskegon. He has been married to his lovely wife Marisa for nine years and together they have four wonderful children Charlotte age 7, Graham age 5, and twins Will and Penelope age 3.

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BY
KIM
KROLL

"Cultivate the habit of being grateful for every good thing that comes to you, and to give thanks continuously. And because all things have contributed to your advancement, you should include all things in your gratitude." Ralph Waldo Emerson

What is Gratitude?

The first thing many of us may associate gratitude with is the act of saying "thank you." I believe gratitude is an action but goes deeper than that. The benefits do not stop with the "thank you." Instead, that is only the beginning. Gratitude is contagious, spreads when nurtured, and provides immense health and emotional benefits.

I would define gratitude as an emotion, a feeling; a state of mind that serves a greater purpose for our general well-being. Being grateful for the ordinary things and events in our daily life contributes in a profound and practical way to our well-being and happiness. If we go through our day's activities without paying attention to what we are doing or feeling thankful for what is in front of us, we run the risk of not really experiencing them. It is important to be in the moment and take some time to be grateful. Gratitude creates a positive feeling, reduces stress and fosters happiness. Feeling grateful and expressing gratitude is "not just an emotional response or action" to an event or situation. It is a committed choice we make any given day to experience greater wellness and vitality in our lives. Scientific research supports that there are benefits to practicing gratitude. Listed below are a few research-based benefits:

1. Gratitude makes us happier.
2. Gratitude makes us healthier.
3. Gratitude helps us relax.
4. Gratitude makes us more optimistic.
5. Gratitude improves sleep.
6. Gratitude increases our energy level.
7. GRATITUDE MAKES US FEEL GOOD!

Research has shown that individuals who practice gratitude have less stress in their lives. Individuals who

Practicing Gratitude

practice gratitude sleep better, exercise more, are sick less often and generally demonstrate a positive, more accepting, outlook on life. This is not to say that these individuals never experience disappointments, sadness, anger or pain. No one is immune to these feelings but adopting gratitude as a way of life allows us to experience these feelings, process them and grow from them.

Therefore, if gratitude has a positive effect on our wellbeing then the question is: How do I begin practicing gratitude? There are many ways to start creating the mindset of gratitude. You will need to find what works for you as there is no set protocol or magic button to push. Below are a few suggestions to get you started on the path of "practicing gratitude." This list is by no means complete but is just a beginning.

1. Close your eyes. Take a few breaths -- all the way out and all the way in. Notice how your breath-

ing takes care of itself. Commit to NOT taking this miracle for granted.

2. Every night before you go to sleep, take an inventory of the things for which you are grateful. Write them down in a Gratitude journal. Keep the journal at your bedside so that you can refer to it whenever you need to be reminded of the things you have to be grateful for.
3. Engage in an act of kindness today.
4. Bring to mind someone for whom you are grateful. Savor this image or memory. Notice what happens in your emotions and body when you do this.
5. At any point during the day, reflect upon one important thing that you have learned in this day. Write down what you have learned.
6. Send a card or a note letting someone know you are thinking of them today.
7. Make a decision to see your most challenging moments today as opportunities.
8. Reach out to someone who you know is going through a difficult time. You do not have to have the right things to say, just connect in a meaningful way.
9. Give someone a grateful hug. Actually give a hug -- do not take a hug. Ask first.
10. Treat yourself! Often times we are so busy taking care of others that we forgot to take care of ourselves.

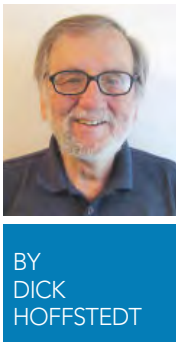
"Practicing Gratitude" is a conscious choice that takes commitment and effort. The benefits are immense. So today, make the choice to practice gratitude so you can experience greater wellness and vitality in your life. You are worth it!

Kim Kroll is from Four Pointes Center for Successful Aging, 1051 S. Beacon Blvd. Grand Haven, MI 49417 www.fourpointes.org



Reading is My Life's Passion!

Reading has been a most important part of my life. It began with getting my own personal library card in the Chicago Library System when I was ten years old. It was a small storefront building about three blocks from my house, but it held a world of magic. I could take home books for free, read them and make sure they were back by the due date. If not, you were fined a penny a day for a late book. Did I ever pay a fine? I don't think so. I started reading as soon as I got home and made sure I finished on time.



BY
DICK
HOFFSTEDT

So, what were my reading tastes as a young boy? They were adventure stories mostly, *Robinson Crusoe*, *Robin Hood*, and *Gulliver's Travels*. I never thought to determine if they were real or fictional tales. That came later.

High School English changed everything. I now became aware of the difference between fiction and non-fiction literature. Could made up stories (fiction) be as important as true (non-fiction) stories?

Let's start with non-fiction. My favorite is probably biographies and autobiographies of famous people. After all, history is a conglomeration of biographies. I love anything by Doris Kearns Goodwin such as *No Ordinary Time: Franklin and Eleanor Roosevelt - The Home Front in World War II*, and Robert Massie's

Nicholas and Alexandra and *Peter the Great*. Mark Twain's three-volume autobiographies are terrific.

I also enjoy books pertaining to music in all its various forms. It could be about famous composers or even the history of how every instrument came into being. *Stories of Broadway* and *Hollywood musicals* are most interesting. How about books on inanimate objects like *The History of the Pencil*? It's hard to believe how many books there are on so many unusual things.

I also love travel stories. Mark Twain's *Innocents Abroad*, *Following the Equator* and *A Tramp Abroad* are some of the best ever. He probably saw more of the world in the 19th Century than any other American. Who can forget that wonderful book about a man and his dog, Charley, travelling incognito around the United States in an RV to get the pulse of a nation in the 1960s.

Fiction is another story. I do like a sci-fi tale that has an element of possibility. I enjoy a good mystery like those by Dashiell Hammet, Henning Mankell or Agatha Christie. John Grisham's courtroom dramas hold a special interest for me.

The fiction I love best are stories about real people living real lives, especially stories about people of meager means struggling to rise above their position in this world to make a better life for themselves. *Grapes of Wrath* by John Steinbeck is a perfect example of this kind of book. Another type of story is about people fighting prejudice and bigotry but who cannot do it themselves. Two of the best, of



course, are *Huckleberry Finn* and *To Kill a Mocking Bird*.

I could go on for pages, but I think the reader knows enough now about my love of reading and some of my favorites. So readers, sit down and reflect on your favorites. You'll have fun doing it.

Richard Hoffstedt was born to Swedish immigrants in 1934 and raised in Chicago. He is a U.S. Army veteran. He has been married to Shirley for 63 years. Richard has six children, five grandchildren and three great grandchildren. Richard is an engineer by profession. His interests are music, reading, travel, riding his adult tricycle, Mark Twain and John Steinbeck. This is Richard's 40th article for Senior Perspectives

Answers for Word Search , Crossword Puzzle and Suduko on Pages 12 & 13

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Boggle Answers:

OHIO MAINE OREGON ALASKA
FLORIDA COLORADO

Jumble Answers:

JUICE EVENT SCROLL FILLET

Answer:

When the clown helped out
the ringmaster, he we a –
NICE JESTER



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