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There's more than one way to age. How are you doing it?

BY MELISSA HEALY
TRIBUNE NEWS SERVICE

Most of us think we know what aging looks and feels like. It announces itself with wrinkled skin and gray, thinning hair. It blurs vision, makes joints creaky, and — if not rigorously countered — causes things to sag.

But scientists are cataloging far subtler signs of biological aging, evident long before hair is lost and skin starts to crinkle.

It's a story told not just in the body's organs, but in its genes, cells and proteins — even in the bacteria that colonize us. First, one or two molecular processes fall out of whack. Those failures send broader functions off kilter. Sometimes all at once, sometimes gradually, our organs suffer and entire networks — the immune system, for instance — begin to falter.

Understanding how all this happens could allow us to live longer someday. But a nearer goal might produce an even bigger payoff: Defining what aging is and exactly how it progresses may enable us to stay healthy for more of our lives.

Biomarkers to aging

Two new pieces of research bring that goal of extending humans' "health span" a bit closer. Both identify biomarkers that help define what it means, at a microscopic level, to age. Both zero in on mechanisms prone to break down as we age — in other words, targets for therapies that could disrupt or delay the aging process.

And both offer some guideposts to measure the effectiveness of elixirs that promise to be (but rarely are) fountains of youth.

In one of the new studies, Stanford University researchers combed through 18 million data points collected from 106 people who were monitored for two to four years. The



aim was to detect patterns common to all as we age, as well as patterns that vary from person to person.

Emerging from that study, published recently in the journal *Nature Medicine*, is the idea that individuals age along at least four biological "pathways." While one person may be most prone to decline in the function of his kidneys, another may experience the most age-related degradation in the liver, the immune system or in metabolic function, the findings suggest.

Most of us likely age along some or all those fronts, if not more, said Stanford geneticist Michael Snyder, who led the research. But classifying people by their personal "aging style," or areas of greatest vulnerability, may help them identify and forestall their most likely depredations of aging, he said.

In the second study, scientists from the Buck Institute for Research on Aging

profiled the known universe of tissues and cells that can reveal the biological age of the human body. It made use of data collected as part of a study that has tracked 3,200 volunteers over the course of their adult lives since 1958.

That atlas of aging's biomarkers will speed efforts to find and develop drugs that could slow biological aging, said University of Southern California biochemist Judith Campisi, who led the work published this year in the journal *PLOS Biology*. One day, she added, it may allow doctors to give their patients "a clear readout of how well, or poorly, their various tissues and organs are aging."

Anti-aging efforts

After centuries of snake oil and hucksterism, the struggle against aging has gotten real in recent years. Scientists have homed in on "senescent" cells, which stop dividing under stress,

as a key driver of conditions such as cancer, heart disease, diabetes, arthritis and dementia. Since these diseases are more common as we get older, they and their root causes have become central to scientists' understanding of aging.

Researchers increasingly suspect that when you disrupt the development of one disease of aging, you may help protect against others — a principle called the "unitary theory of fundamental aging processes." If, for instance, senescent cells and the inflammation they trigger could be brought under control, perhaps many age-related diseases — indeed, unhealthy aging itself — could be averted and the experience of aging might be far less miserable.

That's the idea behind the search for "senolytics" — drugs or therapies that could remove or disrupt the action of senescent cells. If such anti-aging drugs are to be developed and used

safely, researchers will need to recognize the many forms that senescent cells take, and to measure what happens when different members of that group are removed or suppressed.

In the Stanford University study, researchers sequenced genes; analyzed blood, urine and saliva samples; and probed the microbes in the guts and noses of 43 people. The team found 608 molecules that could be assessed and used to identify likely contributors to age-related problems.

The Stanford team came up with four "ageotypes" based on these biomarkers and how they shifted over time. While the list is likely to expand with further research, the authors suggest that people tend to age most along one of four distinct biological pathways: metabolic, immune, hepatic (or liver) and nephrotic (or kidney).

A person whose dominant

ageotype is metabolic might see her A1C, a measure of blood sugar levels, rise with age, potentially leading to Type 2 diabetes. A person with an immune ageotype, on the other hand, might experience increased inflammation across the body, making her more vulnerable to a heart attack and certain cancers.

Goals for the future

The work is highly preliminary. Dr. Zoltan Arany, who studies aging processes at the University of Pennsylvania's Perelman School of Medicine, said that while it probed a very wide range of measures and looked for changes over time, determining whether they actually cause aging or are innocent bystanders of the process "will require a lot of further work."

Even after scientists have established the common roots of age-related diseases — a task that is far from complete — there's still hard work ahead, said Dr. James L. Kirkland, who studies aging at the Mayo Clinic. If studies like the two recent ones are to help humans age better, they'll have to explain why we age so differently and predict which of many routes each of us will take.

"At the moment, we're measuring everything," Kirkland said. "But the effort will be to narrow down, to get a composite score of biomarkers, that is predictive of a future decline in health span."

Snyder said he shared that long-term goal.

"I can envision a world in which everyone gets their ageotype measured, so that at the earliest sign of acceleration, you can intervene," he said.

For some, that may be taking a cholesterol-lowering statin, and for others, it may mean exercising more.

"This can give you an earlier kick in the butt" to address those vulnerabilities, he said.

Wishes for a 'no regrets' retirement

Liz Weston



Most retirees regret not saving more. A 2018 study by Transamerica Center for Retirement Studies found 73% wish they'd put aside more money on a consistent basis and half felt they waited too long to get serious about retirement saving.

But retirement is about more than the balance in your 401(k). Even people with sizable nest eggs can wish they handled certain aspects of retirement differently.

Hoping to learn from others' mistakes, I asked advisers with the Financial Planning Association and the Alliance of Comprehensive Planners to share their clients' biggest regrets about retirement. Thirty-one responded, and their answers revealed some common themes.

'I wish we had traveled more while we could'

All too often, health issues derail people's travel plans, said certified financial planner Serina Shyu. They don't get around to taking that dream trip or get to see as many places as they had hoped. Even homebodies regret missed chances to see loved ones.

"Another version is where the health issue isn't (the retiree's). 'I wish we had gone to see so-and-so,'" said certified financial planner Daniel Moisand. "Sometimes we wait to reconnect with friends or family, and that person dies or suffers a stroke or dementia."

Financial planners can help people get clarity about how much money they can safely spend in retirement. Certified financial planner Linda Leitz said that she's been able to reassure



several clients so they could get started on their bucket lists.

"As they aged and either had health concerns or just didn't enjoy being away from home as much, they all were really glad that they traveled," Leitz said. "They don't mind cutting back in later years because they had done the things that were important to them, early in retirement, while they could enjoy them."

'I wish I'd had something to retire to'

People can be so tired of

working or sick of their particular job that they retire at the first opportunity without thinking through how they will spend their time. Many struggle to replace the structure, meaning and purpose their work provided.

"They look back five or six years after they have retired to realize the time has flown by and they have not done anything," said certified financial planner Jonathan Bednar.

Certified financial planner Jennifer Weber counsels her clients to think about

"how to spend their days with meaning."

That could mean a part-time job, consulting gigs, volunteering or spending more time with friends and family, she said.

'I wish I had more friends'

Something else work provides: social contact.

People often don't realize how much social interaction their workplace provides, said certified financial planner Patti Black. Black recommends volunteer groups, clubs and classes as potential sources of new friends.

"People may feel 'out of the loop' in retirement," Black said. "It takes time and effort to find a new tribe."

'I wish we hadn't bought that house'

Certified financial planner Kevin O'Brien said that some of his clients' retirement home purchases triggered serious buyer's remorse.

The clients hadn't spent enough time in the community before buying and now wish they lived somewhere else.

The cost and stress of changing homes is usually significant. Although moving may be the right choice, no one should buy a retirement home in haste, O'Brien said.

"Retirees should rent in areas they're interested in retiring to before making a major purchase," O'Brien said.

'I wish we'd talked about our expectations for retirement'

It's not uncommon for spouses to have dramatically different visions of retirement. O'Brien has advised couples where one spouse was thrilled to be the grandkids' child care provider while the other longed to travel and be more spontaneous.

"They can't just up and go because they are relied on to watch the grandchildren," O'Brien said.

Different expectations can cause serious ruptures in relationships, and they may be among the reasons why divorce rates for people 55 and older have more than doubled since 1990 even as the overall divorce rate subsides, Black said.

Black urges spouses to discuss how they will spend their time, including how the division of household chores might change and even whether they'll have lunch together every day. As with so many other aspects of marriage, the willingness to talk through disagreements and find compromises is essential, she said.

"Retirement is a major life transition, and you have to be patient with yourself and your spouse," Black said.

This column was provided to The Associated Press by the personal finance website NerdWallet. Liz Weston is a columnist at NerdWallet, a certified financial planner and author of "Your Credit Score."



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Adult Foster Care of the North Shore (AFCNS) is a one-of-a-kind organization. For the last 19 years they have been providing financial and emotional support solutions to families in need of care for a disabled or chronically ill loved one (clients). Many AFCNS clients are already living with a parent, child or other family member who qualifies as a caregiver. Others are placed in homes with compassionate and diligent caregivers.

In 2000, Dr. Cynthia Bjorlie left her private practice of 17 years and opened AFCNS after reading an article in the NY Times about "Foster Seniors," a program in New Jersey. Having always been interested in the care of people who cannot

manage alone, she decided to develop her own program in Massachusetts. With a grant from the Robert Wood Johnson Foundation, she started AFCNS.

Since 2001, AFCNS has grown to a staff of 30 and now serves over 400 clients. The difference between AFCNS and other similar companies is that, even though they share the same mission, the staff at AFCNS actually lives the mission. They believe in a more compassionate and people-focused approach that produces great results.

If you are interested in becoming a paid caregiver for a disabled family member or qualified disabled adult, visit AdultFosterCareNS.com or call today at 978-281-2612.

About the Program:

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Serving up memories

Sharing a family meal can help those with dementia connect

By MELISSA RAYWORTH
ASSOCIATED PRESS

Long before Tim Hollingsworth earned the James Beard Foundation's Rising Star Chef of the Year award and served as chef de cuisine at French Laundry, he was learning to cook by his mother's side at home. As a kid, Hollingsworth would measure ingredients to help his mom make dinner, and he'd talk with her and sample the dishes as they cooked.

Today, Hollingsworth — the winner of Netflix's "The Final Table" and owner of Otium in Los Angeles — returns the favor. His mother, now struggling with memory loss, sits with him as he cooks her favorite recipes, from fragrant pots of chili to comforting platters of chicken and dumplings.

Although she's not really able to participate in the cooking, being present for the preparation and eating of familiar dishes with her son helps bridge the distance that dementia can create.

When we make and share food with others, "we feel a sense of usefulness and belonging," said Sheila Molony, professor of nursing at Quinnipiac University in Connecticut and a gerontology researcher.

If family members with dementia can be involved in meal prep or table setting even in a small way, that may give them some sense of peace and what Molony calls "at-homeness." It helps them feel like part of the social fabric of a family or community.

"Whether we're sharing a recipe or a memory about food, we're really linking into the meaning of being," Molony said. "This food ritual can help older adults with dementia reconnect with their own personhood."



Courtesy photos

Encouraging family members with dementia to be part of meal prep activities allows them to reconnect with memories, as well as to be part of the social fabric of the family or community.



Family mealtimes help those struggling with dementia or Alzheimer's experience a familiar activity and maintain a sense of normalcy.

For Kim Borghoff and her family, keeping a tradition of Sunday meals helped maintain a sense of normalcy as her husband and his father were simultaneously struggling with Alzheimer's disease.

Family meals have been a priority ever since the three Borghoff children — now in

their 20s — were growing up. So when her father-in-law and husband were both diagnosed with Alzheimer's several years ago, Borghoff began making sure that every other Sunday, the whole family had dinner together.

"It was the best time, because everyone would sit

around and for whatever reason, we were always laughing," she said.

Sharing these meals with relatives helped both men regain a bit of their old personalities, even if just for a short time.

The menu didn't really matter: "I could have ordered pizza," Borghoff

said. It was the familiar and comforting experience of lingering around the table together even after the plates were empty.

"When you're with the kids and you start talking about memories," she said, it's "good for the caregivers and the family to be able to get that person back and remember those times."

This past fall, the Alzheimer's Association began spreading the word about the connecting power of mealtime through its Around the Table program. Along with Hollingsworth, the association enlisted other chefs, including Hugh Acheson, chef and owner at the Georgia restaurants 5&10 and The National, to help spread the word.

Acheson's father, a former professor, developed Alzheimer's about five years ago. Sharing meals was always a part of their relationship, but it's taken on new meaning for Hugh Acheson as his father's memory fades.

"As a single father raising four kids and a full-time academic," Acheson said, his father didn't have much time to cook gourmet meals.

So Acheson doesn't cook the same dishes they had years ago.

"I'm not gonna make him the burnt rice and fish sticks that he made us, which I'm sure was delivered with love," he said.

Instead, Acheson might grill a good steak and simply pair it with a fresh, green salad.

"Food is so much about finding a thread of personal history where it means something to you, and I think that's as much for the caregiver as for the person suffering through dementia or Alzheimer's," Acheson said.

A good meal made with love can draw out a person

with dementia and bring them real joy, he said, "even if they've completely gotten to the point where they may not have that connection to the family story."

Ruth Drew, director of information and support services at the Alzheimer's Association, often hears from caregivers about the positive moments that can happen during meals with loved ones.

One caregiver whose husband has Alzheimer's told Drew about a weekly dinner she hosts along with another caregiver whose spouse has dementia: "They've been friends for decades, and they love to get together for supper," Drew said.

At these dinners, the caregiver's husband is so comfortable that "he's able to be at his best," she said. "He holds conversations. He can crack jokes."

Drew hopes families, particularly during the upcoming holidays of Easter and Passover, embrace the sometimes challenging experience of sharing meals with relatives who are dealing with dementia, and that they won't feel pressure to make everything from scratch.

If caregiving leaves little time for cooking, she said, families can "do something different that is a little bit no-frills and no fuss, and focus the time and the energy on the people around the table."

Acheson agreed that the people are the priority. But he said caregivers can help themselves by making sure the meals are tasty and memorable.

"We just don't make memories over (Hot) Pockets," he said. "We make memories over good food that's been cared for and means something, prepared with attention and thought and love."

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Safe to drive? What to consider before grabbing the keys

Men and women know that adjustments must be made as they get older. Athletes nearing their golden years may not be able to push themselves as hard at the gym as they once did. Professionals nearing retirement age might not be able to pull long hours at the office like they used to.

But aging affects more than just work and play. As men and women age, their ability to perform everyday tasks, including driving, may diminish, as well.

The National Highway Traffic Safety Administration notes that, as people age, certain changes they experience can affect their ability to safely operate an automobile. Changes in eyesight, physical fitness and reflexes may require aging drivers to reassess their skills behind the wheel. The NHTSA notes that drivers can ask themselves the following questions as they

try to assess their driving abilities.

How is my eyesight?

The American Optometric Association notes that vision changes naturally occur as a person ages. Such changes do not necessarily mean drivers have to give up the keys to their vehicles. In fact, they may just require more routine eye examinations. The NHTSA says having trouble reading signs easily, recognizing someone from across the street, seeing streets signs and pedestrians, and handling headlight glare are common signs of age-related eye problems.

Can I control my vehicle?

Age-related loss of strength, coordination and flexibility can make it hard for aging men and women to control their vehicles. Some signs that drivers might be having trouble controlling

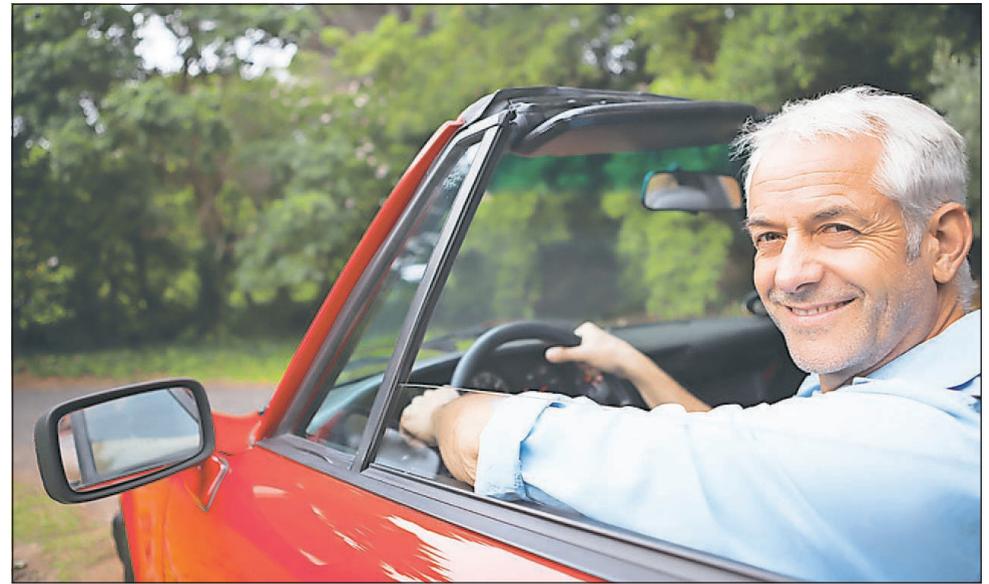
their vehicles include trouble looking over shoulders to change lanes, difficulty moving foot from the gas pedal to the brake pedal, and difficulty turning the steering wheel. Pain in the knees, legs or ankles also can make it difficult for drivers to control their vehicles.

Does driving make me scared, nervous or overwhelmed?

Drivers who feel confused by traffic signs and traffic (including pedestrian traffic) should stop driving until they can discuss the issue with their physicians. Medication can sometimes make drivers feel sleepy or confused, and some aging drivers even find themselves overwhelmed in otherwise normal driving situations.

Are my loved ones concerned about my driving?

Aging drivers may feel



offended when family members question their ability to drive. However, the NHTSA notes that sometimes other people notice things about a person's driving that the person does not. The concern expressed by loved ones should not be taken lightly.

Do I drive with passengers?

Drivers who routinely drive with passengers, especially young children, carry extra responsibility. As a result, such drivers owe it to themselves and their passengers to honestly assess

their driving abilities.

Various remedies can address age-related driving issues, and drivers should discuss them with their doctors the moment they feel as though their skills behind the wheel are starting to diminish.



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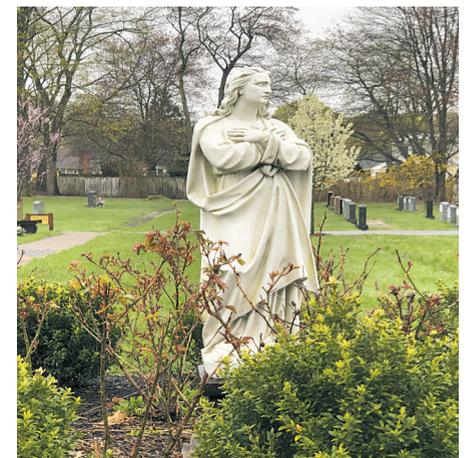
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Modifications help keep seniors behind the wheel

Driving provides an almost unrivaled level of independence. The ability to travel beyond a neighborhood or even one's hometown without a chaperone is probably what excites new drivers so much and makes them eager to get their licenses and cars.

Senior drivers also may define their independence by their ability to drive. Few things diminish senior dignity and independence faster than losing the ability to drive.

Despite popular misconceptions, seniors are some of the safest drivers around. The experts at The Hartford indicate that the number of accidents involving older drivers actually decreases as age increases. It's the risk factors like medical conditions, medication usage and reduced physical function that increase the risk for accidents and



injuries involving older drivers.

Thanks to technology and some other well-designed devices, seniors may be able to continue driving longer than the aging drivers of years past.

The AAA Foundation for

Traffic Safety, a nonprofit research and education association, says roughly 90% of seniors don't take advantage of simple, often inexpensive features that can greatly improve safety and extend their time behind the wheel.

Some considerations:

■ **Cushions and seat pads:** Cushions do more than just alleviate hip and back pain while sitting. Cushions and pads can raise drivers up and improve their line of sight over the dashboard. Swivel pads can make it

easier to enter and exit the car, as well.

■ **Adaptive cruise control:** This feature can adjust speed automatically to maintain a consistent space between vehicles.

■ **Adaptive headlights:** These headlights, also known as steerable headlights, can improve visibility by changing the direction of the light beam with the movement of the steering wheel.

■ **Pedal extenders:** Extenders help short drivers reach the pedals while maintaining a safe distance from the steering wheel and potential airbag deployment.

■ **Hand controls:** Whether one has sensory changes in the feet from surgery or a medical condition, adaptive hand controls can move the "pedals" up to the steering column.

■ **Blind spot warning and other sensors:** Today's cars can be equipped with any

number of sensors that can detect oncoming traffic, cars to the left or right of the vehicle, items or cars behind the vehicle when reversing, and even if the vehicle has drifted out of the lane.

These are all great safety features for any driver, but may be especially helpful to seniors.

■ **Parking assist:** Parking assist technology can steer the vehicle into a space with little input from the driver.

■ **Voice control:** Avoiding distractions and keeping hands on the wheel are enhanced by voice controls, which can be set up to do things like turn on the radio or adjust climate control.

■ **Convex mirrors:** Special mirrors increase the field of vision.

Seniors have many tools available to make driving safer and more comfortable, which can prolong their years behind the wheel.

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Planning for long-term care? 5 questions to ask

You may not want to consider a time when you might not be able to fully take care of yourself, but the reality is there is almost a 70% chance someone turning 65 today will need some type of long-term care service and support in his or her lifetime, according to the U.S. Department of Health and Human Services.

Even if you've worked hard to save for retirement and create the financial security you want in the future, the need for long-term care could throw a wrench into even the most well-thought-out plans and impact your and your loved ones' finances.

Consider these questions as you begin the long-term care planning process.

What is long-term care?

Different from traditional medical care that treats illnesses and injuries,

long-term care includes services designed to help you maintain your quality of life and perform everyday activities, even if age, illness, injury or a severe cognitive impairment makes it a challenge to take care of yourself for an extended period of time. Long-term care services help with common daily functions, including dressing, bathing and eating, and even skilled nursing services such as giving medication.

When should you start planning for long-term care?

Because you never know when a need for care may arise, planning for care when you are younger and healthier can provide additional options as you're more likely to qualify for coverage. Plus, cost is based on your age when you apply, so waiting can end



Photo courtesy of Getty Images

The cost of long-term care is based on several factors. Planning early will help individuals choose the best options for their needs.

up costing you more. Some people are beginning to plan as early as in their 40s.

How much does long-term care cost?

Long-term care costs vary depending on where

one lives, the type of care provided and the setting. Home-care services average \$24 to \$135 per hour, according to the New York Life Cost of Care Survey, while private rooms in nursing homes can cost more than

\$100,000 a year.

Long-term care is generally not covered by health insurance, and government programs like Medicare or Medicaid have limitations, which often isn't discovered until care is needed. However, New York Life offers long-term care options to AARP members and provides specially trained agents who can provide guidance. Agents, in general, can work to create a customized plan based on an individual's financial goals, helping protect assets should long-term care become necessary.

Where is care provided?

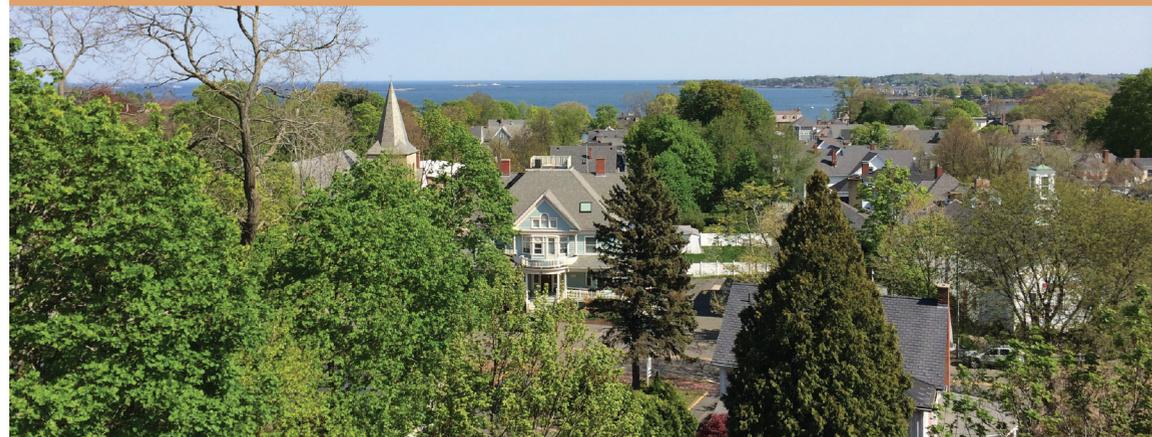
Long-term care can be provided in a variety of settings, including at home, in an assisted-living facility or in a nursing home, depending on the amount and type of care needed. In fact, some insurance plans cover care

on a part-time basis by a family member or home health worker. Planning ahead can allow for more control over how and where an individual receive care.

How much coverage do you need?

The amount of coverage you need typically varies based on several considerations, including budget, age, the type of care expected, and how much of one's assets and income a person may be willing to use to offset the care costs. You don't have to cover your entire risk — choosing a modest amount of coverage can still provide benefits and help protect other assets.

While planning for long-term care can seem daunting, you can find more benefits and information to make the process easier at aarp.org/benefits.



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What the 2020s have in store for aging boomers

By JUDITH GRAHAM
KAISER HEALTH NEWS

Within 10 years, all of the nation's 74 million baby boomers will be 65 or older. The most senior among them will be on the cusp of 85.

Even sooner, by 2025, the number of seniors (65 million) is expected to surpass that of children age 13 and under (58 million) for the first time, according to Census Bureau projections.

"In the history of the human species, there's never been a time like (this)," said Dr. Richard Hodes, director of the National Institute on Aging, referring to the changing balance between young people and old.

What lies ahead in the 2020s, as society copes with this unprecedented demographic shift?

I asked a dozen experts to identify important trends.

Some of the responses were aspirational, reflecting what they'd like to see happen.

Some were sobering, reflecting a harsh reality: Our nation isn't prepared for this vast demographic shift and its far-reaching consequences.

Here's what the experts said:

A crisis of care

Never have so many people lived so long, entering the furthest reaches of old age and becoming at risk of illness, frailty, disability, cognitive decline and the need for personal assistance.

Even if scientific advances prove extraordinary, "we are going to have to deal with the costs, workforce and service delivery arrangements for large numbers of elders living for at least a year or two with serious disabilities," said Dr. Joanne Lynn, a legislative aide on health and aging policy for Rep. Thomas Suozzi (D-New York).

Experts caution we're not ready.

"The cost of long-term care (help in the home

or care in assisted-living facilities or nursing homes) is unaffordable for most families," said Jean Accius, senior vice president of thought leadership at AARP.

He cited data from the Genworth Cost of Care Study: While the median household income for older adults was just \$43,696 in 2019, the annual median cost was \$102,204 for a private room in a nursing home, \$48,612 for assisted living and \$35,880 for 30 hours of home care a week.

Workforce issues a pressing concern

The need for health aides at home and in medical settings is soaring, even as low wages and poor working conditions discourage workers from applying for or staying in these jobs. By 2026, 7.8 million workers of this kind will be required and hundreds of thousands of jobs may go unfilled.

"Boomers have smaller families and are more likely to enter old age single, so families cannot be expected to pick up the slack," said Karl Pillemer, a professor of human development at Cornell University in New York. "We have only a few years to plan different ways of providing care for frail older people to avoid disastrous consequences."

Living better, longer

Could extending "health span," the time during which older adults are healthy and able to function independently, ease some of these pressures?

The World Health Organization calls this "healthy life expectancy" and publishes this information by country. Japan was the world's leader, with a healthy life expectancy at birth of 74.8 years in 2016, the most recent year for which data is available. In the U.S., healthy life expectancy was 68.5 years out of a total average life expectancy of 78.7 years.



Laura Carstensen, director of Stanford University's Center on Longevity in California, sees some cause for optimism. "Americans are beginning to exercise more" and eat more healthful diets, she said. And scientific studies published in recent years have shown that behavior and living environments can alter the trajectory of aging.

"With this recognition, conversations about aging societies and longer lives are shifting to the potential to improve quality of life throughout," Carstensen said.

Other trends are concerning. Notably, more than one-third of older adults are obese, while 28% are physically inactive, putting them at higher risk of physical impairments and chronic medical conditions.

Rather than concentrate on treating disease, "our focus should shift to health promotion and prevention, beginning in early life," said Dr. Sharon Inouye, a professor at Harvard Medical School and a member of the planning committee for the National Academy of Sciences' Healthy Longevity Global Grand Challenge.

Altering social infrastructure

Recognizing the role that social and physical environments play in healthy aging, experts are calling for significant investments in this area over the next decade.

Their wish list: Make

transportation more readily available, build more affordable housing, modify homes and apartments to help seniors age in place, and create programs to bring young and old people together.

Helping older adults remain connected to other people is a common theme.

"There is a growing understanding of the need to design our environments and social infrastructure in a way that designs out loneliness" and social isolation, said Dr. Linda Fried, dean of Columbia University's Mailman School of Public Health in New York.

On a positive note, a worldwide movement to create "age-friendly communities" is taking hold in America, with 430 communities and six states joining an effort to identify and better respond to the needs of older adults. A companion effort to create "age-friendly health systems" is likely to gain momentum.

Technology will be increasingly important as well, with aging-in-place likely made easier by virtual assistants like Alexa, video chat platforms like Skype or FaceTime, telemedicine, robotic caregivers, and wearable devices that monitor indicators such as falls, according to Deborah Carr, chairman of the sociology department at Boston University.

Changing attitudes

Altering negative attitudes about aging — such

as a widespread view that this stage of life is all about decline, loss and irrelevance — needs to be a high priority as these efforts proceed, experts say.

"I believe ageism is perhaps the biggest threat to improving quality of life for (older) people in America today," Inouye said.

She called for a national conversation about "how to make the last act of life productive, meaningful and fulfilling."

Although the "OK Boomer" barbs that gained steam last year testify to persistent intergenerational tension, there are signs of progress. The World Health Organization has launched a global campaign to combat ageism. Last year, San Francisco became one of the first U.S. cities to tackle this issue via a public awareness campaign. And a "reframing aging" toolkit developed by the FrameWorks Institute is in use in communities across the country.

"On the bright side, as the younger baby boom cohort finally enters old age during this decade, the sheer numbers of older adults may help to shift public attitudes," said Robyn Stone, co-director of LeadingAge's LTSS (long-term services and supports) Center at the University of Massachusetts Boston.

Advancing science

On the scientific front, Dr. Pinchas Cohen, dean of the Leonard Davis School of Gerontology at the University of Southern California, points to a growing recognition that "we can't just apply one-size-fits-all guidance for healthy aging."

During the next 10 years, "advances in genetic research and big data analytics will enable more personalized — and effective — prescriptions" for both prevention and medical treatments, he said.

"My prediction is that the biggest impact of this

is going to be felt around predicting dementia and Alzheimer's disease as biomarker tests (that allow the early identification of people at heightened risk) become more available," Cohen continued.

Although dementia has proved exceptionally difficult to address, "we are now able to identify many more potential targets for treatment than before," said Hodes, of the National Institute on Aging, and this will result in a "dramatic translation of discovery into a new diversity of promising approaches."

Another potential development: the search for therapies that might slow aging by targeting underlying molecular, cellular and biological processes — a field known as "geroscience." Human trials will occur over the next decade, Hodes said, while noting "this is still far-reaching and very speculative."

Addressing inequality

New therapies spawned by cutting-edge science may be extraordinarily expensive, raising ethical issues.

"Will the miracles of bioscience be available to all in the next decade — or only to those with the resources and connections to access special treatment?" asked Paul Irving, chairman of the Milken Institute's Center for the Future of Aging.

Several experts voiced concern about growing inequality in later life. Its most dramatic manifestation: The rich are living longer, while the poor are dying sooner. And the gap in their life expectancies is widening.

Carr noted that if the current poverty rate of 9% in the older population holds over the next decade, "more than 7 million older persons will live without sufficient income to pay for their food, medications and utilities." Most vulnerable will be black and Latina women, she noted.

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

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

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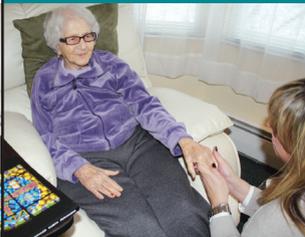
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						9		
				7		3		
	1			4	2			7
6	2		4	5				
	7							
9			6		1		7	
		4	1				6	
		9				5		
	5			9	3	4		2

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

ANSWER:

Five ways to leave a lasting legacy

It is customary for people to take inventory of their lives as they grow older, wondering about their impact on the world and the people closest to them. A legacy is often the story of one's life and the things he or she did through the years.

The good thing about a legacy is it is never too early to begin planning. The following are some guidelines that can help people establish lasting legacies:

■ **Keep track of your story.** Grab a journal, and start jotting down events that occur in your life. Mention particular achievements or notable things that occur from day to day. Pepper these accounts with stories of your family and childhood to start establishing an autobiography of sorts.

■ **Consider your daily actions.** Even though people may imagine it is the grand gestures that are remembered most, quite often, it's the simplest acts that make the most impact. Think about the way you treat others each and every day. Smile at people, compliment



others and offer positive advice when it is sought.

■ **Research investments that are profitable.** If the goal is to make money to leave for future generations, investigate your options.

These include assets that can retain their value. According to NewRetirement.com and Stepping Stone Financial Inc., vacation homes mean a lot to families and they also can be a source of future

revenue should they be rented or sold. Speaking with a financial adviser also can be a sound way to invest the right way to accumulate assets that can be passed down as a legacy.

■ **Name children or other relatives as beneficiaries on Individual Retirement Accounts.** With Roth IRAs, distributions are tax-free as long as the person who set up the IRA met the five-year holding period for contributions and conversions. Beneficiaries can have five years to take out money from the account; otherwise, they can convert the plan to an Inherited IRA, which stretches out distributions over their life expectancy, according to Investopedia, an online financial resource.

■ **Write a legacy letter.** A legacy letter is a way to speak directly to loved ones and say all those things that you had wished you told them earlier, but maybe didn't find the words or perhaps never had the time, according to Forbes. The letter ensures others know just how much joy they brought to your life and the pride you had in knowing them.

Leaving a legacy is something people start to think about as they grow older, but it's easy to start planning regardless of your age.

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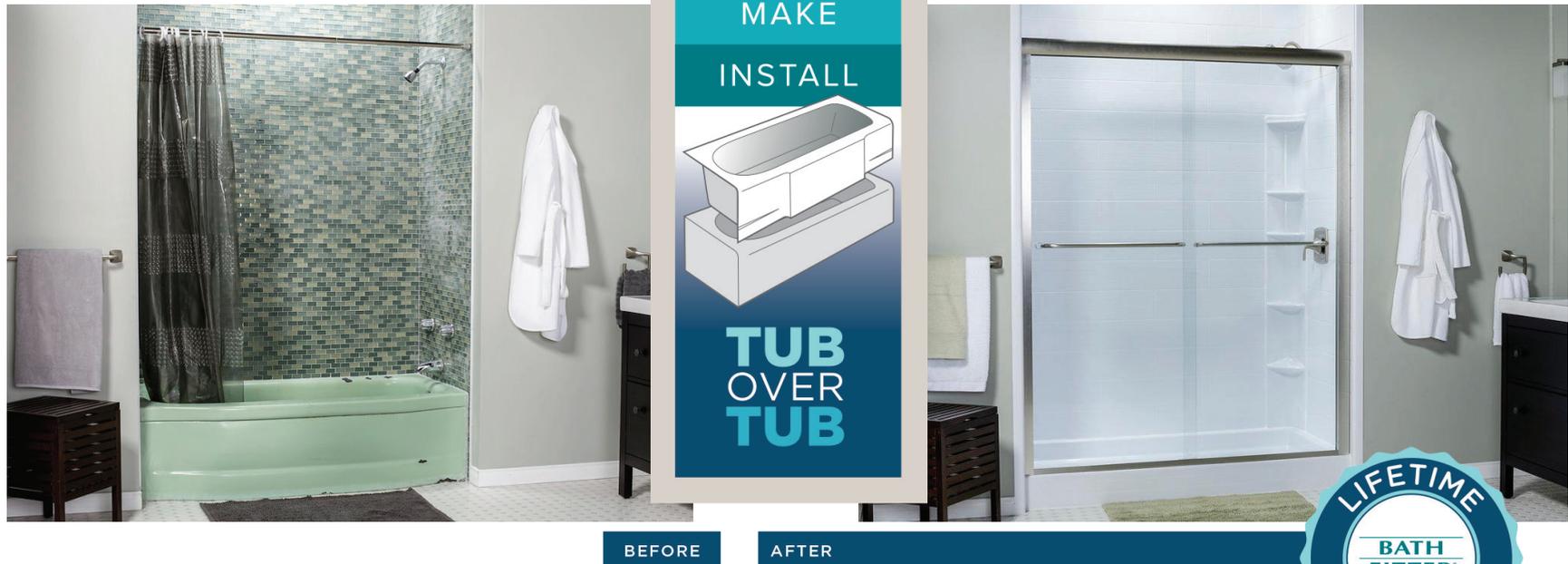
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