

Volume 13, Number 12 December 2023

A community of members ages 55+ helping one another to live safe, active and connected lives.

AHA Thanks its Corporate Sponsors Cele Garrett, AHA executive director

As we reflect on this past year at AHA, I'm reminded once again that it takes the energy and efforts of so many people to make our AHA community function and thrive. Several organizations invested in AHA this past year—and their support has made a great difference. Allow me to tell you a little about them:

Alexandria-based **Customer Care Measurement** and **Consulting** provided pro bono services to AHA when they helped us to plan and execute our member survey in 2022. CCMC's thorough data analysis from that survey informed us all along the way as we navigated through AHA's strategic plan this past year. Their good counsel has served us well since we began our first discussions three years ago.

Synergy Home Care is another AHA sponsor this year—and they have been a steadfast resource for AHA. In an ever-changing industry, Synergy Home Care has been a constant. I thank Mitch Opalski and his professional team of care providers for giving compassionate care to several of our AHA members when they needed it.

Six Half Dozen Design has provided consistent monthly financial support to AHA for the past several years. Beyond their financial support, Six Half Dozen provides AHA with pro bono design and marketing support for our website. Ben Roberts and his creative team do fantastic work for many nonprofits in Alexandria, and we consider ourselves lucky to work with them.

Finally, I thank **Crouch Realty Group** of McEnearney Associates, which has continued its support of AHA this year. In addition to financial support, we benefit from their knowledge on ways to maintain our homes, ensuring that they remains a safe place to live. Pete is an AHA member, an AHA Advisory Council member, and one of our longtime volunteers. His daughter Katie joined the family business last year. Recently she joined up as one of our new AHA volunteers!

Soon we will launch a special page on our website to recognize AHA's corporate donors—and in next month's newsletter, I will unveil the names of some new corporate sponsors!

AHA Year-end Campaign Cele Garrett, AHA executive director

By now, you likely will have received a letter in the mail from AHA member Bruce Stevens, on behalf of AHA. I realize lots of letter come through your mailbox at this time of year. I fervently hope you will open that letter, read Bruce's personal story and consider a special year-end contribution to AHA.

AHA is a member-based organization but our member dues comprise less than 40 percent of our operating expenses. AHA must raise funds for the remaining part of our budget. As an organization, we spend most of our time and energy on services and programs that serve our members. But a few times each year—now being one of those times—it's important to remind you that we are a nonprofit organization that depends on support from the community we serve.

We hope you believe this is an investment worth making. At a time when loneliness and isolation among older adults is a growing problem, a village like AHA is there to provide social engagement and a compassionate helping hand. With the health care industry experiencing record shortages in the labor market (a problem that, unfortunately, will likely get worse), a community-based group dedicated to helping older adults achieve healthier outcomes is a low-cost way to help address this reality.

But "low cost" doesn't mean "no cost." There are real expenses associated with running a nonprofit organization—and AHA has experienced the rising costs that have impacted us all. Thank you in advance for considering AHA among the organizations you plan to support this holiday season.

December 2023 Calendar

Please note the programs in this calendar may be held via Zoom or in person. The AHA office will send you the Zoom link after you have registered for a program. In-person events are open to those who are fully vaccinated.

Several of our monthly recurring programs are taking a hiatus during December, but will resume in January.

Saturday Dec. 2	AHA Participates in Alexandria Scottish Christmas Walk, Old Town Alexandria.	10:30am
Monday Dec. 4	AHA Holiday Dinner at A La Lucia, 315 Madison Street.	6pm
Tuesday Dec. 5	Financial Literacy: "Financial Housekeeping" with Brenda Bloch-Young – via Zoom.	10-11:30am
Thursday Dec. 7	"Ranked Choice Voting" with Liz White, Exec. Director of UpVoteVA.org – via Zoom.	10-11am
Friday Dec. 8	Fun Art Workshop with AHA Volunteer Eileen Brien, at AHA office CR, 3139 Mt. Vernon Ave., Limit of 6.	1-3pm
Monday Dec. 11	Grief Support: A Journey of Many Roads, at AHA office conference room.	3pm
Tuesday Dec. 12	Ladies' Night Out a Del Ray Café, 205 East Howell Avenue. Limit of 12.	5pm
Wednesday Dec. 15	Movie Group – discussion of The Last Duel and Finding Neverland – via Zoom.	4pm
Tuesday Dec. 19	Dine Around at Clyde's, located at 1700 North Beauregard Street. Limit of 12.	6pm
Monday Dec. 25	Christmas Lunch at Trademark Drink and Eat, located in the Westin Hotel at 2080 Jamieson Avenue. Limit of 10.	12 noon
Tuesday Dec. 26	Coffee and Conversation at Royal Restaurant in Old Town.	10-11:30am
Sunday Dec.31	Happy New Year!	



Program Notes

Tuesday, Dec. 5 Financial Literacy
AHA member Brenda Bloch-Young will discuss
financial housekeeping. How organized is your
record keeping? Do you have a list of all of your
assets and liabilities? Often, we have a system of
managing these items. Yet, if you are unable to
process financial transactions, it will be helpful for
your designated representative to have a clear guide.

Register on AHA Hub or call the office.

Thursday, Dec. 7 Ranked Choice Voting with Liz White, Executive Director of UpVote VA. The 2023 elections are now history and the 2024 presidential election is looming. Learn more about why an increasing number of state and local jurisdictions have turned to ranked choice voting to select their officials. What is Ranked Choice Voting? Why is it gaining popularity? Join AHA member Julie Gentry and Liz White, Executive Director of UpVote Virginia, UpVoteVA.org, to learn about this very important topic. Register on AHA Hub or call the office.

Wednesday, Dec. 13 Movie Group will discuss the following two films: The Last Duel is a 2021 historical action-drama developed from a screenplay, based on the 2004 book The Last Duel: A True Story of Crime, Scandal, and Trial by Combat in Medieval France by Eric Jager. Set in medieval France, a knight challenges his former friend to a judicial duel after his wife Marguerite accuses him of raping her. On Amazon, YouTube, or Apple TV. Finding **Neverland** is a 2004 biographical fantasy film based on the 1998 play The Man Who Was Peter Pan by Allan Knee. The film is about playwright J. M. Barrie and his relationship with a family who inspired him to create Peter Pan. In 1903, Barrie meets the widowed Sylvia and her four young sons. Their imaginative antics give him ideas which he incorporates into a play about boys who do not want to grow up. On YouTube or Apple TV.

Friday, Dec. 8 Fun Art Workshop with AHA Volunteer Eileen Brien

Join us at a fun art workshop to make beautiful oneof-a-kind monotype prints! Led by artist and AHA volunteer Eileen O'Brien, workshop guests will use gelli print plates, acrylic paint, stencils, and their own creativity to make monotype prints that can then be used to create unique handmade cards, gifts, or home décor. (All supplies will be provided!)

AHA's Hospice Discussion, Part 2 Cele Garrett, AHA executive director

Last month's newsletter outlined an informative discussion about hospice care that AHA hosted earlier this fall. The discussion featured special guests Colleen Duewell (Lionheart Elder Care) and Corrie Cyre, RN (Sparrow Nursing Solutions). The AHA November newsletter provided an outline of this informative presentation, but there was so much information that we are covering it in two parts. What follows is Part 2.

How to choose a hospice agency Your doctor may have a preferred provider but understand that hospice is an open market. Discuss your needs and expectations with your doctor or another qualified care partner to determine if your expectations are realistic. If the matter is urgent, first available is your only choice. Otherwise, the choice of agency is yours. (Note: both Colleen Duewell and Corrie Cyre are good resources if you need an objective viewpoint.)

Hospice agencies can be large or small, for-profit or not-for-profit. You can seek out ratings online but also consider talking with friends or family who have employed a hospice agency for a loved one. They can explain what worked well for them—and what they wish they had known beforehand.

What can I expect from hospice—and who pays for it?

If a person qualifies for hospice, Medicare will cover it. Be prepared, however, to seek out additional help and to incur some costs outside of hospice. Typically, hospice cannot supply everything you want (particularly in the timeframe you may want it). Like any other area of healthcare, hospice providers are impacted by the economy, the supply chain, and labor issues.

A hospice team includes a medical director, doctor(s) and usually nurse practitioners who make visits, as well as nurses, aids, social workers, bereavement counselors and/or chaplains among various administrative and other support staff. The hospice agency will send a representative to gather information to determine if you qualify for their services, then an intake nurse will come out to "admit" you and further evaluate your needs for care. Hospice will order the durable medical equipment (a hospital bed, wheelchair, and/or oxygen) and supplies (diapers, mouth care swabs and medication) appropriate for your condition. A person's medications may change; the hospice clinical team will determine which medicines to discontinue and which new medications to start.

Hospice providers do not typically stay with you. If your assessment indicates it, you may be assigned an aid

to bathe you and a nurse who will visit. The hospice agency may call you to assess your situation more frequently. When you have concerns, you should call them. Hospice essentially becomes your primary care provider, managing your chronic conditions and symptoms of infection. It is rare that you call your regular doctors or 911 once you are under hospice care.

Hospice will increase their frequency of visits and the time they stay at your bedside at the very end of life when symptom management is needed. If you want or need more support than hospice can give, you might consider moving to an assisted or skilled living community or hiring additional help like home care. It is a big job to manage a person's activities of daily living (ADLs), which include bathing, ambulation, feeding, toileting, and other hygiene needs. Instrumental activities of daily living include cooking, cleaning, and transportation needs that hospice typically does not meet. If you have long-term care (LTC) insurance, certain policies will cover this.

Determining where hospice takes place

Hospice is a *service*, not a place. Hospice services can be provided in homes, skilled nursing facilities or senior living apartments. "Hospice houses" are healthcare settings just for hospice patients. In our area, hospice beds are in limited supply and are reserved for patients close to or in the active phase of dying. Hopefully the patient and their care partners can choose where a person receives hospice services. Assisted living communities, skilled nursing communities and home care have additional costs, which sometimes is paid by LTC. Many people find it a comfort to be at home, in familiar surroundings and with loved ones or pets. However, this is a viable option only if you have the support you need at home. You could start hospice from home, then move to assisted living or skilled care if a higher level of medical support is needed.

Advanced financial and legal planning is key

Appoint a legal medical and financial Power of Attorney. Determine who is appointed to sign for care on your behalf and in charge of additional decisions that come up. Keep multiple copies of your advanced directive and have them on hand if you or your loved one goes to a hospital. Do not presume your adult children will all come to agreement about your care choices. Even if you have more than one person you trust, it's recommended that one person be primary and others second or third in line. (Delays and arguments can take place when more than one party must agree on a decision.) Elder law attorneys are best prepared to review and update your current documents or prepare them if you do not have them yet. Planning will give you a better sense of control if and when hospice is needed.

What's Up with AHA Members





Annie Stat, Ann Liddle and Pam Nelson, above with guest of honor Mabel Sisk, left, enjoyed a fun and tasty lunch at Rustico's on November 20. This was a celebration of Mabel's 99th birthday, which was actually on October 24. Mabel said that this was "a very special day". The Team Mabel friends are now thinking ahead to the 100th!

Interest Groups

Last month we learned about a new structure for member-initiated groups that may serve a particular interest or hobby. Here is a new group that welcomes members, friends or volunteers. Watch this space for future groups.

Alexandria History

Description: Individuals with an interest in the exhibits, public programs, and special events offered by Alexandria's museum and historic sites.

Point of Contact: Alan Dinsmore at wingsofthemorning@comcast.net



MAY LOVE AND LIGHT



Parkinson's Diagnoses By Alan Dinsmore

There is a new milestone in diagnosing Parkinson's disease and related disorders. This diagnostic tool is called the Syn-One test. It is not a biomarker to show whether you may develop Parkinson's and it is not a new drug for treatment. However, it is an important new aid to enable neurologists to provide a diagnostic evaluation of patients more accurately with clinical features suggestive of Parkinson's disease and related disorders.

This test uses a skin biopsy to determine the presence of certain chemicals which are often indicative of the presence of synucleinopathy related to development of Parkinson's and related diseases. The test can distinguish these diseases and those having similar characteristics but are not indicative of Parkinson's and related diseases. It is a simple procedure where the skin is numbed with a local anesthetic and three small samples are obtained which can be analyzed.

A Tip from StrongerMemoryTM

By Jessica Fredericksen, Goodwin Living Brain Health Program Director

An object at rest stays at rest, and an object in motion stays in motion, unless an outside force acts on it.

If we don't get started, we are going to stay where we are. If we just take even one teensy little step, we will stay in motion and keep moving forward! Sometimes those "outside forces" pop up in our lives and might cause periods of rest. These outside forces could be stress, sickness or unexpected events that might knock us off track. No matter how many times we may get knocked off track by "outside forces," we can always pick ourselves up and put ourselves in motion again.

Whether you've been diligent in doing StrongerMemoryTM exercises, or whether you've taken some time off, you can take 10 minutes right now to read aloud, write by hand, or do some simple math. It's never too late to get started on the path to better brain health!

To learn more about StrongerMemoryTM, go to https://GoodwinLiving.org/Stronger-Memory/or call 703-820-1488.

What is Kwanzaa?

Kwanzaa is an annual holiday that celebrates African family and social values. It is observed from December 26 to January 1 primarily in the United States. The holiday was created in 1966 by Maulana Karenga, a professor of Africana studies and an important figure in Afrocentrism."

Kwanzaa is celebrated by lighting candles on a kinara, a seven-branched candleholder, and discussing the seven principles of African heritage: unity, self-determination, collective work and responsibility, cooperative economics, purpose, creativity, and faith. The holiday also includes feasting, gift-giving and other cultural activities.

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How Older Drivers Can See Better After Dark

By Bill Clayton

"When aging eyes meet nighttime roadways, driving can be hazardous," an article in AARP's magazine reports. AARP estimated that in 2020, there were approximately 48 million licensed drivers over the age of 65 in the United States.

As they age and eyesight weakens, many older drivers tend to avoid driving in risky situations.

"The most common safety choice older drivers make is not to drive after dark," the article says.

But there are several ways to see better in the dark:

- Using the bright beams at night, except when there are oncoming cars. The high beams give the best chance of reacting fast enough to an unexpected hazard.
- When buying another car -- new or used look for one that has top-rated headlights. Those ratings can be seen at iihs.org/ratings.
- If your car is several years old, "consider getting your headlights and casings replaced," the AARP article says.
- Keeping headlights and windshields clean "for obvious reasons."
- Resetting illumination levels on dashboard lights and in-car screens.
- Don't skip the after-dinner coffee; it may postpone drowsiness.

"Driving as little as possible after dark is safety tip Number One," AARP says, but it may not be an option. In that case, remember and review the ways to see better after dark.





3139 Mt. Vernon Avenue Alexandria, VA 22305

SPECIAL DAYS IN DECEMBER

DEC. 7 PEARL HARBOR DAY

DEC. 7-15 HANUKKAH

DEC. 21 WINTER SOLSTICE DEC. 25 CHRISTMAS DAY

DEC. 26-JAN.1 KWANZAA

DEC. 31 HAPPY NEW YEAR!

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