

GOLDEN YEARS

Curiosity leads to history lesson

Elizabeth King is, by nature, curious. This, and the fact that she had a few spare minutes during a day when she was substitute teaching at St. Mary's Elementary in Wayne, led her on a path to learn about one of Wayne's World War II military heroes.

"I was substituting for the kindergarten teacher. While on a break, I had stopped to admire a life size statue of St. Mary, which stands in the hallway of the school. There on the bottom of the statue is a memorial plaque which reads, 'In Memory of Ensign Eugene James Huntmer, 1919-1942'" King said.

She also noted that "the name Huntmer is familiar to me. When I first purchased the house at 303 E. 10th, Ron W. Sack immediately went to work conducting research about the history of the brick house on the corner of 10th and Nebraska. Through Ron, I learned a great deal about the provenance of this Arts & Crafts style home built in 1927."

Edward James Huntmer, a renowned architect and longtime professor at Wayne State Teacher's College, designed the plans for Rose Cottage. He left an indelible legacy in his building designs which can still be seen throughout the WSC campus, historic homes, and down-

town Wayne.

The Huntmers had two children, a daughter and a son, Eugene James Huntmer, who was born Aug. 13, 1919.

"I was curious about the memorial plaque on the St. Mary's statue and so I did a little research of my own about this young man from Wayne, Nebraska," King said.

An article from The Grand Island Daily Independent, Dec. 14, 1942 noted: "While attending the naval academy Ensign Huntmer was a star athlete and played on the Annapolis varsity basketball team as right guard. After graduation, he was assigned to a destroyer where he had charge of the torpedo crew and was also the official censor for his ship. He was a graduate of the Wayne college preparatory school and for two years attended the State Teachers college at Wayne before receiving his appointment to the U. S. naval academy.

"His father, E. J. Huntmer was for many years on the faculty at the Wayne State Teachers college and is now a line engineer for the Q. O. company at the Cornhusker Ordnance plant."

Information from the Wayne Herald, Dec. 3, 1942, stated "Ensign Eugene James Huntmer, only son of Mr. and

Mrs. E. J. Huntmer of Wayne, now in Grand Island, is reported missing in action, according to word coming to his parents Thanksgiving day from Rear Admiral Randall Jacobs, chief of navy personnel, Arlington, VA. The message read: 'the navy department deeply regrets to inform you that your son, Ensign Eugene James Huntmer, United States navy, is missing following action in the performance of his duty and in the service of his country. The department appreciates your great anxiety, but details are not now available and delay in receipt thereof must necessarily be expected.'

Eugene was lost when USS Cushing (DD 376) was sunk early on the morning of November 13, 1942 " while engaged in a terrific naval battle near the Savo Islands, in the Solomons group."

His parents received Eugene's Purple Heart award in March 1944. They were to also receive the American Defense Service medal with fleet clasp, the Asiatic-Pacific area campaign medal, and citation from the Nebraska Advisory Defense committee bearing the signature of Gov Griswold and the American Legion's Gold Star citation.

"Ensign Eugene Edward Huntmer



A small memorial plaque at the bottom of the Blessed Virgin Mary statue in the hallways of St. Mary's Catholic School in Wayne led to an investigation that uncovered the story of a hero, Ensign Eugene James Huntmer.

was a hero who gave his life in service for his country during World War II. Rest in peace Ensign Huntmer," King said.

These boots are made for walking

By Jill Kruse, DO

Winter weather has finally arrived this year. Getting outside for some activity, even in winter, is great for your overall health. However snow, ice and cold can turn a stroll in the park into an obstacle course.

Having proper footwear is not only important for warmth, but also the well-being of your feet. Choosing the correct boots for the elements could mean the difference between enjoying the outdoors and needing an urgent care visit. What makes good footwear for enjoying the outdoors safely?

Good traction is essential for walking outside in slippery conditions. If your

shoes do not have good traction, you can buy ice cleat attachments. However, you likely already have something in your home that will help with increasing trac-



tion on icy sidewalks.

The New Zealand Medical Journal published a study showing a significant improvement in traction by placing socks over normal footwear. In the study, those who wore socks over their shoes found walking on a hillside footpath less slippery and had increased confidence. You may look silly, but you are less likely to slip.

Having proper fitting shoes is also important when going outside. Shoes that are too tight could decrease circulation; leading to swelling of the feet and ankles. If they are too small, it can lead to ingrown toenails, corns and calluses.

Conversely, boots that are too loose can cause friction leading to blisters. Ill-

fitting shoes can have poor arch support causing shin pain when walking. One might also be at higher risk for jamming a toe or spraining an ankle due to tripping or falling caused by improper fitting shoes.

Additionally having shoes that keep your feet warm and dry are crucial in the winter. Frostbite occurs most commonly in extremities, such as fingers, toes or the nose. The first signs of frostbite are a pins and needles sensation, throbbing or aching in the affected areas.

Trench foot has similar symptoms, but is caused by feet being in a wet environment for a prolonged period of time.

See BOOTS, page 1B

How seniors can get their balance back

Balance issues can pose a serious threat to individual health. When a person experiences issues with their balance, they may experience dizziness, lightheadedness and feel as if a room is spinning. Each of those factors can increase the risk for potentially harmful falls.

Seniors may not have the market cornered on balance issues, but the National Institute on Aging notes that many older adults experience such problems. The NIA also notes that people are more

likely to have balance problems as they grow older.

A number of variables can contribute to balance problems, including medications, health conditions like heart disease and vision problems and alcohol consumption.

The NIA notes the remedy to balance issues may depend on what's causing them, though some exercises that require individuals to move their heads and bodies in a certain way can help treat some balance disorders. A physical

therapist or another professional with an understanding of the relationship between balance and various systems in the body also may be able to help.

When a specific cause, such as hypertension or low blood pressure, is identified, health care teams may be able to recommend various approaches to help seniors get their balance back.

Hypertension:

A 2015 study published in The Journal of Physical Therapy Science found that hypertension, also known as high blood pressure, can negatively affect balance. The study found that this occurs because hypertension damages the large arteries and decreases micro-circulation in specific functional areas, ultimately resulting in impairment that reduces a person's ability to maintain a stable posture.

Taking steps to address hypertension, such as eating less sodium, maintaining a healthy weight and exercising regularly, may also lead to a reduction in balance problems related to the condition.

Low blood pressure:

Low blood pressure also can contribute to balance problems. According to the American Geriatrics Society, sudden low blood pressure, which is also

referred to as orthostatic hypotension, can manifest when sitting up and standing up. When it does, a person may experience dizziness or lightheadedness, which may last just a few seconds or several minutes.

The AGS notes dizziness related to low blood pressure also may appear within one to three minutes of sitting up or standing up, which means individuals may be vulnerable to falls even when they initially feel fine after sitting up or standing up.

The NIA reports individuals with low blood pressure can manage the issue by drinking plenty of fluids, including water and avoiding alcohol. In addition, pay careful attention to posture and movements and make a concerted effort to stand up slowly.

Balance issues are often linked to aging, but that does not mean seniors are helpless against symptoms like dizziness and lightheadedness that are linked to problems with balance.

Working with a health care team and identifying potential causes of balance issues can help seniors improve their health outcomes and elevate their overall quality of life.



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Three questions to ask before beginning a new fitness regimen

Exercise is widely recognized as a vital component of a healthy lifestyle. Despite that, a recent analysis of data from the 2020 National Health Interview Survey found that more than two-thirds of individuals are not getting enough exercise. Though the survey was conducted amid the onset of the COVID-19 pandemic, which suggests the overall figures might be somewhat lower than they might have been had the data been collected in a more typical year, just 28% of respondents were meeting the physical activity guidelines established by the Centers for Disease Control and Prevention.

Routine exercise is beneficial for people of all ages, and seniors are no exception. Aging adults who want to be more physically active but think they are among the 72% of individuals who aren't meeting CDC exercise guidelines can speak with their physicians and ask these three questions to ensure the transition to a less sedentary lifestyle goes smoothly.

1. Should I get a heart checkup?

Doctors may already be monitoring aging individuals' hearts even if they have not exhibited symptoms of heart problems in the past. However, it's best to discuss heart health in greater detail

prior to beginning a new fitness regimen. In an interview with Penn Medicine, Neel Chokshi, MD, MBA, medical director of Penn Sports Cardiology and Fitness Program, noted the risk of heart attack or cardiac complications slightly increases when individuals begin to participate in a moderate or intense activity. So a physician might want to conduct a heart checkup in order to determine if a patient has an underlying heart condition.

2. Which types of activities should I look to?

A physician also can recommend certain activities depending on a person's age and medical background. Though exercise is beneficial for everyone, certain activities may not be. For example, AdventHealth notes high-impact activities like jogging and jump rope may not be suited for individuals with arthritis. In addition, aging individuals with physical limitations that require them to use a wheelchair should not write off their ability to exercise, as physicians can recommend exercises for patients with mobility issues as well.

3. Should I take extra caution while on medication?

Prescription medication use is another

variable that must be taken into consideration before beginning a new exercise regimen. The CDC notes that roughly 84% of adults between the ages of 60 and 79 use one or more prescription medications. Each medication produces different effects, and a 2016 study published in the Methodist DeBakey Cardiovascular Journal noted that certain medications evoke an acute drop in blood pressure, which can disturb balance and increase fall risk, while others actually facilitate greater improvements in health out-

comes. That means the dynamic between medications and exercise is unique to each medication, which underscores the importance of speaking with a physician whenever a fitness regimen is started or tweaked and/or a new medication is prescribed.

These are just three of the questions seniors can ask when discussing exercise with their physicians. Seniors are urged to ask any additional questions they might have during such discussions.



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Tips for seniors to safeguard their mental health

The wide-ranging impact and reach of mental health issues garnered considerable attention during the COVID-19 pandemic, when the virus as well as mandates designed to reduce its spread led to increased feelings of anxiety and isolation. Since then, life has returned to normal for billions of people across the globe, but many people, including seniors, continue to experience mental health issues.

The Pan American Health Organization reports that at least one in four older adults experiences a mental disorder such as depression, anxiety or dementia. And those figures will likely only grow, as population estimates indicate seniors will make up a greater percentage of the global population in the years to come. Seniors dealing with mental health issues may feel helpless, but there's much they can do to safeguard their mental health.

· **Socialize regularly.** A 2019 study published in *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* found that older adults who socialized with people beyond their circle of family and close friends were more likely to have greater positive moods and fewer negative feelings. Unfortunately, a significant percentage of older adults report feeling isolated

from others. According to the University of Michigan National Poll on Healthy Aging that was conducted in January 2023, one in three older adults reported infrequent contact (once a week or less) with people from outside their home.

· **Speak with a mental health professional.** Among the more troubling aspects of the mental health crisis affecting seniors is that the PAHO reports two-thirds of older adults with mental health problems do not get the treatment they need. Speaking with a mental health professional can help older adults in myriad ways. Such professionals can identify the issue that is prompting seniors to seek help and offer suggestions that can improve overall health and quality of life. Roundstone Insurance notes that reliance on digital behavioral health tools, including telehealth, was turned to both during the pandemic and ever since, and seniors can utilize such services if they have limited mobility and/or no one to help them make it to in-person appointments.

· **Volunteer.** Many older adults are retired, and while ample free time may have seemed like the ultimate reward after a lifetime of working, many retirees experience a void once their life no longer has the structure that work can provide.

According to the independent nonprofit HelpGuide.org, retirement depression can compel retirees to feel as though they miss the sense of identity, meaning and purpose that came with their jobs, which can make some feel depressed, aimless and isolated. Volunteering can help fill the void created by retirement, and the positive mental health effects of volunteering are well-documented. According

to the Mayo Clinic, studies have shown volunteering increases positive, relaxed feelings and gives volunteers a sense of meaning and appreciation.

No one is immune to mental health issues, including seniors. But older adults can take various steps to address their mental health and improve their overall health as a result.

What seniors should know about prediabetes

Most seniors recognize routine visits to their physicians are an important component of preventive health care. Annual physicals are important for everyone, but they are especially important for individuals 65 and older who may be more vulnerable to disease and various other health conditions than younger adults.

The National Institute on Aging reports that millions of individuals 65 and older have visited their physicians and learned they have a condition known as prediabetes. For some, the day they receive a prediabetes diagnosis also marks the

first time they have heard of the condition.

What is prediabetes?

The Centers for Disease Control and Prevention notes prediabetes is a serious health condition characterized by higher than normal blood sugar levels. When a person has prediabetes, his or her blood sugar levels are not yet high enough to indicate type 2 diabetes, but that could change if prediabetes patients do not make changes to prevent such a progression.

See PREDIABETES, page 5

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Five New Year's resolutions to benefit the brain

Resolutions made at the start of a new year often focus on personal improvement. Giving up poor habits like smoking or drinking too much alcohol and losing weight through diet and exercise are some popular resolutions.

Here are five ideas to consider.

1. **Get moving:** Exercise does the body good and even positively affects the brain. The American Academy of Neurology has found aerobic exercise may play a significant role in reversing and preventing cognitive decline. Researchers have found that even a little exercise each day can result in improved brain function in less than six months. Andrew E. Budson, M.D., a professor of neurology at Boston University, also says aerobic exercise releases growth factors in the brain, which can help grow new brain cells.

2. **Start a new hobby.** When doing the same activities over and over, you eventually learn how to do those activities better. But doctors can't confirm this is

actually helping the brain in a meaningful way. Rather, there is evidence that doing new things can be beneficial to the brain. So learning a new hobby, taking a class, or even learning to play a musical instrument can push the brain to improve from a cognitive standpoint, indicates The Healthy, a Reader's Digest brand.

3. **Make more time for fun.** Repeated stress can have detrimental effects on the body and mind. Harvard Health says stress has been linked to cognitive problems and a higher risk for Alzheimer's disease and other dementias. Taking time to relax and enjoy oneself can tame stress, and in turn, alleviate issues affecting memory and cognition.

4. **Practice mindfulness more often.** Mindfulness is an exercise in paying attention to one's surroundings, senses and more. Too often people are multitasking and never fully devoting their attention to one thing. Mindfulness gives the brain a break and brings a person

into the present.

5. **Eat a better diet.** The benefit of eating healthy foods extends beyond the waist-

line. Many of the foods that are good for the heart are important for preventing cognitive decline and dementias.

Prediabetes (Continued from page 4)

How common is prediabetes?

A 2023 study published in the journal Diabetes Care indicates 464 million individuals across the globe had impaired glucose tolerance (IGT) and 298 million had impaired fasting glucose (IFG) in 2021. Each of those conditions are hallmarks of prediabetes, cases of which the study indicates are expected to rise significantly by 2045.

What causes prediabetes?

According to the CDC, when a person has prediabetes, the cells in his or her body do not respond normally to insulin, which is a hormone produced by the pancreas that enables blood sugar to enter cells, which then use it for energy. The pancreas then makes more insulin to get cells to respond, but eventually the pancreas cannot keep up, resulting in a rise in blood sugar.

Does prediabetes produce symptoms?

Many people have prediabetes for years and do not know it. In fact, the CDC reports that more than 80% of the 98 million American adults who have prediabetes are unaware that they do.

How can I determine if I have prediabetes?

The sheer volume of people who have prediabetes but are unaware that they do begs the question of what individuals can do to learn if they have the condition before they develop type 2 diabetes. Recognition of the risk factors for prediabetes is a good start. The CDC urges anyone who has any of the following risk factors to speak with their doctor about having their blood sugar tested:


- Being overweight
- Being 45 or older
- Having a parent, brother or sister with type 2 diabetes

- Being physically active less than three times per week

- A history of diabetes during pregnancy (gestational diabetes) or giving birth to a baby who weighed more than nine pounds

- Having polycystic ovary syndrome
- Being African American, Hispanic/Latino American, American Indian, or Pacific Islander. Some Asian Americans also are at greater risk for prediabetes.

Prediabetes can be a precursor to type 2 diabetes, which only highlights how important it is that older adults recognize their risk for the condition.



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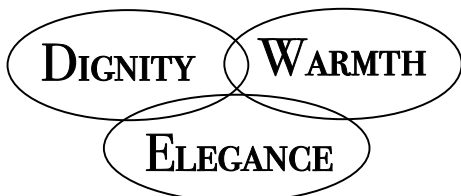
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How to support a loved one with cancer

Support networks are vital for cancer patients. The experts at Weill Cornell Medicine explain the support of family friends, both in the immediate aftermath of a diagnosis and throughout treatment, can help patients regain a sense of normalcy and maintain their emotional stability, each of which improves their chances at ensuring a positive clinical outcome.

The role of cancer caregiver is often unlike any other people have played or will play. In recognition of that, the American Society of Clinical Oncology offers the following tips to cancer caregivers as they transition into their new roles.

- Prepare yourself. Caregivers may be so busy looking into what they can do to help a loved one diagnosed with cancer that they overlook or forget the need to prepare themselves. The ASCO recommends that caregivers process their own feelings about a loved one's diagnosis before they begin caring for that person. This can ensure their focus is where it needs to be when their loved needs help. In addition, caregivers can do everything to learn about their loved one's disease ahead of time. Many patients are not forthcoming

about their disease, and even those that are may find it physically and emotionally exhausting to repeatedly share the details of their disease with friends and family. Learning the basics on your own can save the patients from these feelings of exhaustion.

- Let your loved one know it is alright to say, "No." Caregivers may want to give their loved one advice, but it's important that they recognize recommendations, however well-intentioned they may be, may not always be welcome. That can create unnecessary tension between caregiver and patient. Let your loved one know they can decline suggestions, and always ask permission before giving advice.

- Do not forget to have fun. A cancer diagnosis is serious business, but caregivers and patients must make room for levity throughout the treatment process. The ASCO recommends caregivers make time for light conversation and humorous stories. This can be beneficial to both patients and caregivers, providing a routine respite from discussions about how patients are feeling. Discussions about topics other than cancer, such as sports, movies or hobbies, also can be a respite from the rigors of

treatment and caregiving.

- Treat your loved one just as you ordinarily do. The ASCO notes the importance of treating a loved one during treatment just as you normally would. While that may not always be possible, it can help patients feel like they are still a friend or family member first and a cancer patient second.

- Pay attention to your loved one's feelings. Some doctors encourage cancer patients to keep a journal or blog during their treatments. If possible, read

their journal or blog entries. Many people are more comfortable sharing feelings in this way than directly with their caregivers, so the entries can provide valuable insight into how loved ones are coping.

Cancer caregiver is a role unlike any other and presents some unique challenges. Caregivers can employ various strategies and even speak with their loved one's physicians in an effort to overcome those challenges.



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Notable senior health concerns

The human body changes as it ages. While certain conditions are commonly associated with aging, some individuals may be surprised to learn of the more common health conditions that can affect seniors. The World Health Organization says one in six people will be 60 or older by 2030. With such a large portion of the population on the cusp of turning 60, it makes sense for individuals to familiarize themselves with the more notable issues affecting seniors.

Cognitive decline:

A certain degree of memory loss is a natural component of aging. Forgetting where you left your keys or experiencing difficulty putting a name to a face can be a random and frustrating occurrence. However, dementias, like Alzheimer's disease, are not a side effect of aging. As many as one in five seniors experiences mental health issues that are not associated with aging, and it helps to learn the early warning signs of dementia. Such recognition may compel individuals to seek treatment that can slow the progression of the disease.

Osteoarthritis:

Aches and pains may come with aging, and often can be attributed to osteoarthritis, which is the most common form of arthritis, accord-

ing to the Mayo Clinic. Osteoarthritis occurs when the protective cartilage that cushions the ends of bones wears away over time. It is progressive and cannot be reversed, but maintaining a healthy weight and staying active can help alleviate pain and improve joint function.

Cataracts and refractive errors:

It should come as no surprise to most that the eyes change as the body ages. Refractive errors like nearsightedness, farsightedness, astigmatism and presbyopia can make objects look blurry when viewed, says the National Eye Institute. Cataracts, which are a clouding of the eye's natural lenses, affect about 20% of people age 65 and older, according to the American Geriatrics Society, while the National Eye Institute says half of all people over age 80 will get them. Cataract removal surgery and prescription eyeglasses can help.

Type 2 diabetes:

American Senior Communities reports that it's estimated 25 percent of adults age 65 and older have type 2 diabetes.

Unchecked diabetes can lead to a host of ailments, including vision problems, mobility issues, kidney damage and increased risk for heart disease or stroke. Many people can



manage type 2 diabetes with diet and exercise.

Heart disease:

The National Institute on Aging says adults age 65 and older are more likely than younger people to suffer from cardiovascular disease that affects the heart, blood vessels or both. Conditions like high blood pressure and high cholesterol need to be properly managed, and diet and exercise is important throughout life to avoid developing heart disease in later years.

Balance issues:

Balance issues that can lead to falls are a major concern for seniors. According to HealthinAging.org, many things can adversely affect balance.

These include nerve and brain problems, vision troubles, diabetes, arthritis, inner ear problems and even dehydration.

Dizziness or balance problems should be addressed, as there are serious health risks associated with falls.

Know your osteoporosis risk

Bone is living, growing tissue that changes as a person ages. Although healthy bone can naturally diminish as a person gets older, seniors in particular are at elevated risk of osteoporosis, a bone disease marked by rapid bone deterioration.

Osteoporosis occurs when bone mineral density and bone mass decrease,

or when the strength and structure of bone changes, according to the National Institute of Arthritis and Musculoskeletal and Skin Diseases. Bone is constantly being broken down and replaced. When a person has osteoporosis, creation of new bone cannot keep up with the loss of old bone.

Osteoporosis can make bones so brittle

that even a seemingly innocuous movement, such as coughing, bumping into something or bending over, can cause bones to break, says the Mayo Clinic. These breaks commonly occur in the spine, wrist or hip.

Osteoporosis affects people of all genders, ages and races. However, white and Asian women, especially those past menopause, are at the highest risk.

The Bone Health & Osteoporosis Foundation says that osteoporosis is known as a silent disease because bone weakening is undetectable. Subtle signs, such as a stooped posture, a curved back or if someone seems to be getting shorter, may indicate osteoporosis. Breaking a bone is often the first sign of the disease.

There may be ways to prevent osteoporosis or alleviate its symptoms. A nutritious diet and regular exercise are essential for keeping bones healthy throughout life. This includes getting enough calcium through foods and possibly supplementation. Individuals should work with their doctors to get the right amount of calcium, as too

much from supplements may cause kidney stones. Vitamin D also works in concert with calcium to produce strong bones, and many people are deficient in vitamin D.

Exercise also is needed for strong bones. Strength training with weight-bearing and balance exercises enjoyed regularly throughout life can help maintain healthy bones as one ages.

Additional lifestyle issues can increase risk for osteoporosis. These include long-term use of certain medications like glucocorticoids and adrenocorticotropic hormones to treat various conditions. Proton pump inhibitors, cancer medications and antiepileptic medicines also may increase risk for osteoporosis. Heavy alcohol consumption and smoking also can contribute to osteoporosis.

Osteoporosis is not something to take lightly. A bone-density test can indicate if bones are weakening and if intervention is necessary. However, measures should be taken early in life to prevent osteoporosis in the future.

Boots (Continued from page 1A)

Wet socks and wet boots can lead to both of these injuries. It is important to dry out boots between uses and have clean, dry socks when going outside in the winter. Having boots with weatherproofing and insulation will also help prevent these issues from occurring.

Now that you know what "Boots are Made for Walking" and whether you are "Walking on Sunshine," "Walking in Memphis" or just want to "Walk the Line". The proper winter boots will keep you upright and safe. We would not want you to fall and have anyone else

"walk all over you." So stay safe, get outside and stay healthy out there.

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The threat in your bedroom: Sleep apnea

By Deb Johnson, MD

My family has a fondness for crime dramas and thrillers. It is not uncommon to watch a scene in which a peacefully sleeping individual wakes when a shadowy figure approaches their bedside with a pillow. Predictably, the assailant calmly presses that pillow over the face of their victim and waits until the struggling stops.

For millions of us, the threat in our bedrooms is not some malevolent other, but rather our own bodies and brains. We may get our next breath, but for those with sleep apnea, it can be a struggle.

Sleep apnea has two basic types. In the most common, obstructive sleep apnea, the relaxation of sleep causes some part of the airway to essentially collapse,



Deb Johnson

blocking off airflow. Those afflicted may come to medical attention because their partners complain about their snoring and have to nudge them to prompt that next breath.

Their brains have to wake up enough to restore that muscle tone, opening the airway, and allowing them to breathe. This happens repeatedly throughout the night, multiple times an hour. In central sleep apnea, there are problems with the brain sending the instruction to breathe.

Some people experience episodes related to both types of apnea, especially as they adjust to treatment for their obstructive sleep apnea, and some people have other types of sleep-disordered breathing.

Sleep apnea is a serious condition. It is linked to many other health problems, among them high blood pressure, diabetes, coronary artery disease, heart rhythm abnormalities, heart failure, strokes, depression and dementia.

Even when statistically subtracting out the risk factors that may be common to both sleep apnea and these other conditions, the relationship remains. Of course, there is the obvious risk of accidents caused by dosing off behind the wheel, or in other perilous situations. Then there is the less quantifiable cost, of couples who want to share a bedroom but do not, because the snoring of one partner or anxiety about that next breath, means neither really sleep.

The first step to diagnosing sleep apnea is to visit with your primary care provider. They can determine if you qualify for a home sleep study, or if you might be better off having a test done in a sleep lab, where more monitoring is possible and more complex problems can be detected.

Once the diagnosis is confirmed, treatment options can be explored. Most people receive some form of breathing support overnight. This is usually considered the gold standard and is suitable for all forms of sleep apnea. Many of my patients are surprised at just how easily they adjust to using it, and tell me that their partners often will wake them up to put it on if they doze off without it.

Many of those who initially struggle with their CPAP can overcome the problems with a dose of determination and the help of a talented sleep therapist. For some people, dental appliances and various surgical procedures are possibilities.

I like to remind my patients that sleep deprivation is considered by the UN to be a form of torture. Do not let it be part of your bedtime routine.

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Seniors can backstroke their way to improved health

Exercise provides a number of measurable benefits for people of all ages, including older adults. Swimming is one exercise that may be especially beneficial for seniors.

Many people learn to swim in childhood and sharpen that skill as they get older. Though swimming devotees may get in the water for fun rather than fitness, this popular, joyful and relaxing pastime may be the ideal exercise for seniors looking to improve their overall health, particularly because it is very

low-impact.

Because the water provides buoyancy while swimming, there is little risk of injury and minimal strain on the body. Water exercises, including swimming, work all the muscle groups, so it can be a complete exercise, says American Senior Communities. Swimming also is a great cardiovascular exercise that can strengthen the heart muscle and improve lung function and endurance. Because it

See BACKSTROKE, page 3B



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Grandparents as caregivers: A changing demographic with unique support needs

Grandparents often play an important role in the lives of their grandchildren, but in many American families, grandparents also have taken on the significant responsibility of primary caregiver for their grandchildren.

To better understand the needs of grandparent caregivers and the nature of their challenges, researchers at the University of Pittsburgh National Center on Family Support (NCFS) performed a detailed analysis of the changing demographics of grandparents living with grandchildren.

The Shifting Demographics of Grandparent Caregivers:

Nationally, as of 2021, approximately 6.7 million grandparents live in a household with their grandchildren. Of those, 2.1 million are primary caregivers for their grandchildren and 4.6 million live with their grandchildren but do not have primary responsibility for their care. While these general population statistics have become well known, more granular detail and sub-population demographics are necessary to target policies and programs to meet the unique needs of grandparent caregivers.

According to ACS data, the number of grandparents in the United States living with grandchildren but not providing primary childcare has jumped over the last decade, by 587,000, or nearly 15%. The number of grandparents providing care to grandchildren with a parent present in the household has dropped by 521,000 or 29%, and the number of grandparents providing care to grandchildren with-

out a parent present has dropped by 106,000 or 11%.

Though the population of grandparents acting as primary caregivers to their grandchildren is shrinking in size overall (from 2.7 to 2.1 million between 2009 and 2021), the remaining grandparent caregivers are older. The number of younger grandparent caregivers (those between ages 30 and 59) is on the decline, while the number of older grandparent caregivers (ages 60 and older) is increasing.

With the U.S. population aging and the number of births among young teens and younger adults declining, this demographic shift is not entirely surprising, but the magnitude of the change is stark.

The new report also sheds light on the challenges faced by grandparents caring for grandchildren without a parent present in the household, who have emerged as a particularly vulnerable group. Compared to grandparents caring for grandchildren with a parent present, those without a parent present are more likely to live below the poverty line, less likely to be employed and have a lower level of educational attainment.

Additionally, grandparent caregivers without a parent present are more likely to be older than age 60 and more likely to be in a longer term caregiving relationship, defined as being a primary caregiver for a year or more. Despite the likelihood of higher caregiving demands on grandparent caregivers without a parent present, this population also is more likely to

have a disability than the cohort with parent present in the household.

Nationally, approximately 1 in 4 grandparents living with grandchildren, regardless of caregiving responsibilities, have a disability. Among grandparents living with grandchildren who are not responsible for childcare, 18% report an ambulatory disability (related to walking or climbing stairs), 12% report an independent living disability (related to difficulties performing activities such as going to the doctor's office or grocery shopping alone) and nearly 7% report a self-care disability (related to bathing or dressing).

Sandwich-generation caregivers often face greater financial and emotional strain compared to caregivers who support an older adult but are not raising a child. With the number of grandparents cohabitating in households with grandchildren on the rise, coupled with the prevalence of disability among this population, it is

paramount that we look at policies to support caregiving populations across the lifespan.

National Efforts to Support Grandparent and Family Caregivers:

Researchers note the new report highlights the need to move forward with many of the recommendations proposed in the 2022 National Strategy to Support Family Caregivers, a series of recommendations jointly developed and released by the Advisory Council to Support Grandparents Raising Grandchildren (SGRG) and the Recognize, Assist, Include, Support and Engage (RAISE) Act Family Caregiving Advisory Council.

The SGRG Advisory Council report highlights the needs and challenges faced by grandparents who are primarily responsible for raising a child, such as securing healthcare, legal services, employment, financial assistance and adequate mental health support.

Backstroke (Continued from page 2B)

lowers blood pressure and improves circulation, swimming is a great way to get the heart pumping.

A gentle, 30-minute swim can burn up to 200 calories, which is more than walking. A faster swim can burn calories more quickly than running or cycling. However, since water supports up to 90 percent of the body's weight, this activity will put less stress on muscles and joints while one is exercising.


Individuals with mobility issues or arthritis pain may find that swimming helps relieve discomfort and improves range of motion. Again, because the water is doing much of the work holding up the body, it will take the stress

off of joints, helping a person to feel better while stretching and moving gently in the water.

Even seniors who don't know how to swim can still reap the benefits of water exercise. Walking in shallow water, or using a kickboard to stay above the water can be effective. Using foam dumbbells or even pushing and pulling one's arms through the water can serve as a great resistance exercise that builds strength.

Swimming and additional water activities are great ways for seniors to stay in shape. As always, individuals should speak with their doctors before beginning any exercise regimen to ensure that it is safe.

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