



## Know the signs... Loneliness and Isolation

INFORMATION TAKEN FROM THE NATIONAL INSTITUTE ON AGING – WWW.NIA.NIH.GOV

Everyone needs social connections to survive and thrive. But as people age, they often find themselves spending more time alone. Being alone may leave older adults more vulnerable to loneliness and social isolation, which can affect their health and well-being. Studies show that loneliness and social isolation are associated with higher risks for health problems such as heart disease, depression, and cognitive decline.

If you are in poor health, you may be more likely to be socially isolated or lonely. If you are socially isolated or feeling lonely, it can put your physical and mental health at risk. Adults who are lonely or socially isolated are less healthy, have longer hospital stays, are readmitted to the hospital more often, and are more likely to die earlier than those with meaningful and supportive social connections.

### What is the difference between loneliness and social isolation?

Loneliness and social isolation are different, but related. Loneliness is

See **LONELINESS AND ISOLATION**, page 3



John Ross, attorney and co-owner of Ross & Shoalmire, Elder Law Attorneys, PLLC, spoke to attendees during another great annual legal workshop held at the Lelia Enrichment Complex in Magnolia. Get more estate planning advice on page 6.

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# VA CAREGIVER SUPPORT PROGRAMS <sup>2</sup>

## Support available in two Programs: What's the Difference?

The Department of Veteran Affairs (VA) Caregiver Support Program (CSP) offers clinical services to caregivers of eligible and covered veterans enrolled in the VA healthcare system. The program strives to promote the health and well-being of family caregivers who care for our Nation's Veterans.

The CSP is a national program comprised of two separate programs with local offices and teams. Every VA Facility has a CSP team that assists with information and referrals.

The Program of Comprehensive Assistance for Family Caregivers (PCAFC) offers enhanced clinical support and services for caregivers of eligible Veterans who have a serious injury (or illness) and require in-person personal care services among other requirements.

The Program of General Caregiver Support Services (PGCSS) provides peer support mentoring, skills training, coaching, telephone support, online programs, and referrals to available resources to caregivers of veterans. The veteran must be enrolled in Veterans Affairs (VA) health care and be receiving care from a caregiver for the caregiver to participate. Caregivers who participate in PGCSS are called General Caregivers.

General Caregivers do not need to be a relative or live with the veteran. A General Caregiver is a person who provides personal care services to a Veteran enrolled in VA health care who needs assistance with one or more activities of daily living or needs supervision or protection based on symptoms or residuals of neurological impairment or other impairment or injury.

To learn more about caregiver services offered through Veterans Affairs, visit [www.caregiver.va.gov](http://www.caregiver.va.gov). Veterans and their loved ones

can call the VA's Caregiver Support Line (CSL) at 1-855-260-3274 to learn more about available support.

### Two Programs: What's the Difference?

Type of Support	PGCSS	PCAFC
Caregiver Support Team	√	√
Resources for Enhancing All Caregivers Health (REACH) VA	√	√
Caregiver Support Line (CSL)	√	√
Caregiver Health & Wellbeing Coaching	√	√
Building Better Caregivers	√	√
Supportive Services	√	√
Caregivers FIRST Skills Training	√	√
Peer Support Mentoring	√	√
Respite Care	√	√
Annie Caregiver Text	√	√
Self-care/Resilience courses	√	√
Connection to VA/Community Resources	√	√
Caregiver & Family Resource Fairs	√	√
VA S.A.V.E. Training	√	√
Mental Health Counseling (as applicable)	√	√
CHAMPVA (if uninsured)		√
Monthly Stipend		√
Beneficiary Travel (as applicable)		√

the distressing feeling of being alone or separated. Social isolation is the lack of social contacts and having few people to interact with regularly. You can live alone and not feel lonely or socially isolated, and you can feel lonely while being with other people.

Older adults are at higher risk for social isolation and loneliness due to changes in health and social connections that can come with growing older, hearing, vision, and memory loss, disability, trouble getting around, and/or the loss of family and friends.

### How can feeling lonely or being isolated affect older adults' health?

People who are socially isolated or lonely are more likely to be admitted to the emergency room or to a nursing home. Social isolation and loneliness also are associated with higher risks for high blood pressure, heart disease, obesity, weakened immune function, anxiety, depression, cognitive decline, dementia, including Alzheimer's disease, and death.

People who are lonely or socially isolated may get too little exercise, drink too much alcohol, smoke, and often don't sleep well, which can further increase the risk of serious health conditions.

People who are lonely experience emotional pain. Losing a sense of connection and community can change the way a person sees the world. Someone experiencing chronic loneliness may feel threatened and mistrustful of others.

Emotional pain can activate the same stress responses in the body as physical pain. When this goes on for a long time, it can lead to chronic inflammation (overactive or prolonged

release of factors that can damage tissues) and reduced immunity (ability to fight off disease). This raises your risk of chronic diseases and can leave a person more vulnerable to some infectious diseases.

Social isolation and loneliness may also be bad for brain health. Loneliness and social isolation have been linked to poorer cognitive function and higher risk for dementia, including and especially for Alzheimer's disease. Also, little social activity and being alone most of the time may contribute to a decline in the ability to perform everyday tasks such as driving, paying bills, taking medicine, and cooking.

### How can you talk with your doctor about loneliness and social isolation?

If you are feeling isolated or lonely a lot of the time, you may want to tell your doctor or health professional. Talking about your health with your doctor means sharing information about how you feel physically, emotionally, and mentally. Describing your symptoms can help your doctor identify the problem.

Make sure to bring up your concerns. For example, let your doctor know about any major changes or stresses in your life, such as a divorce or the death of a loved one. A doctor who knows about your losses is better able to understand how you are feeling. They can make suggestions that may be helpful to you.

Be open and honest with your doctor about your health habits and what's happening in your life. It will help them to understand your medical conditions and emotional health more fully and recommend the best treatment options for you.

## 5 Quick Tips for Aging in Place

As people age, they tend to want the same things: to stay in their homes, maintain independence, and turn to family and friends when they need help. If living at home is important to you, you may worry about getting around, staying safe, and keeping connected. These tips can help you age in place:

**Plan ahead.** The best time to think about how to age in place is before you need a lot of care. Planning ahead allows you to make important decisions while you are still able.

**Make your home safe and accessible.** Go through your home room by room to identify potential problems and safety issues that need to be fixed, like poor lighting or tripping hazards.

**Reach out to people you know.** Friends, family, and neighbors may be able to drive you to appointments, help with errands and chores, or just keep you company.

**Talk to a geriatric care manager.** These specially trained professionals can help you form a care plan and find services you may need. Your doctor or other health care provider may be able to recommend a geriatric care manager, or you can contact the Aging Life Care Association, [aginglifecare.org](http://aginglifecare.org), for a list of these professionals in your area.

**Learn about community resources.** Ask us, your local Area Agency on Aging, about resources in your area or visit your local senior center.

### UPCOMING EVENTS

Pathways to Wellness, a mental health workshop, will be held at the Lelia Enrichment Complex in Magnolia on May 17

We will be at the Sevier County Senior Day on May 31st on the courthouse lawn



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WORD SEARCH**

- ALLERGIES
- APRIL
- BASEBALL
- BEES
- CROCUSES
- CYCLAMENS
- DAFFODILS
- DANDELIONS
- EASTER
- EQUINOX
- FLOWERS
- FROGS
- GOLF
- GRASS
- GREEN
- GROWTH
- IRISES
- LILIES
- MARCH
- MAY
- NEW LEAVES
- PLANTING
- RAIN
- RENEWAL
- ROBINS
- SEASON
- SNOWMELT



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TULIPS

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**ALZHEIMER'S SUPPORT GROUP**

Meets the third Thursday of each month

12:00

**SIMMONS FIRST BANK**

**Executive Conference Room** ( 2nd floor )

*A light lunch provided by various monthly sponsors will be served*

*Please call Nancy Bailey at 870-626-3089 or*

*email nbailey@aaaswa.net*

**THE EL DORADO PARKINSON'S &  
CAREPARTNER SUPPORT GROUP**

Meets the third Thursday of each month

2:00 - 3:00 pm

**SIMMONS FIRST BANK**

**2nd Floor Conference Room**

*For more information call South Arkansas Center on*

*Aging, 870-881-8969, or Nancy Bailey at the Area*

*Agency on Aging of Southwest Arkansas, Inc.*

*870-626-3089 or email nbailey@aaaswa.net*

**Clip-n-Cook**

**HONEY MUSTARD CRUSTED  
PORK CHOPS**

Makes 2

**INGREDIENTS**

- 1/3 cup panko bread crumbs
- 1/2 tsp. garlic powder
- 1/4 tsp. onion powder
- 1/4 tsp. salt
- 1/8 tsp. black pepper
- 2 tbsp. honey mustard, or more for dipping
- Two 5-oz. raw boneless pork chops, trimmed of excess fat



**DIRECTIONS**

1. In a wide bowl, mix bread crumbs with seasonings.
2. Place honey mustard in another wide bowl. Coat pork chops with the mustard, followed by the seasoned bread crumbs.
3. Spray an air fryer with non-aerosol nonstick spray. Place pork chops in the air fryer. Top with any remaining bread crumbs. Spray with nonstick spray.
4. Set air fryer to 400°F (or the nearest degree). Cook until cooked through and crispy, 12–14 minutes.

**OVEN ALTERNATIVE:** Bake at 425°F until cooked through and crispy, 15–18 minutes.

**Nutrition Facts:**

**1/2 of recipe (1 pork chop): 289 calories, 10g total fat (3.5g sat. fat), 530mg sodium, 13g carbs, 0.5g fiber, 4.5g sugars, 31.5g protein**

*This recipe can be found on hungry-girl.com.*

**THE COLUMBIA COUNTY AREA  
ALZHEIMER'S SUPPORT GROUP**

Meets the fourth Wednesday of each month

**Lelia Enrichment Complex**

**600 Lelia St. Magnolia | In the Community Room**

*(When you enter the grounds, drive around the building until you see the Community Room sign and a "Slow" sign)*

**THE MILLER COUNTY PARKINSON'S &  
CAREPARTNER SUPPORT GROUPS**

Meets the second Wednesday of each month

2:00 pm

**at the Texarkana Recreation Center, 1 Legion St.  
Texarkana, TX 75501**

*For more information, contact Kasandra Guilbeau at the  
Texarkana Regional Center on Aging, 870-773-2030*

**THE LITTLE RIVER PARKINSON'S &  
CAREPARTNER SUPPORT GROUPS**

Meets the second Tuesday of each month

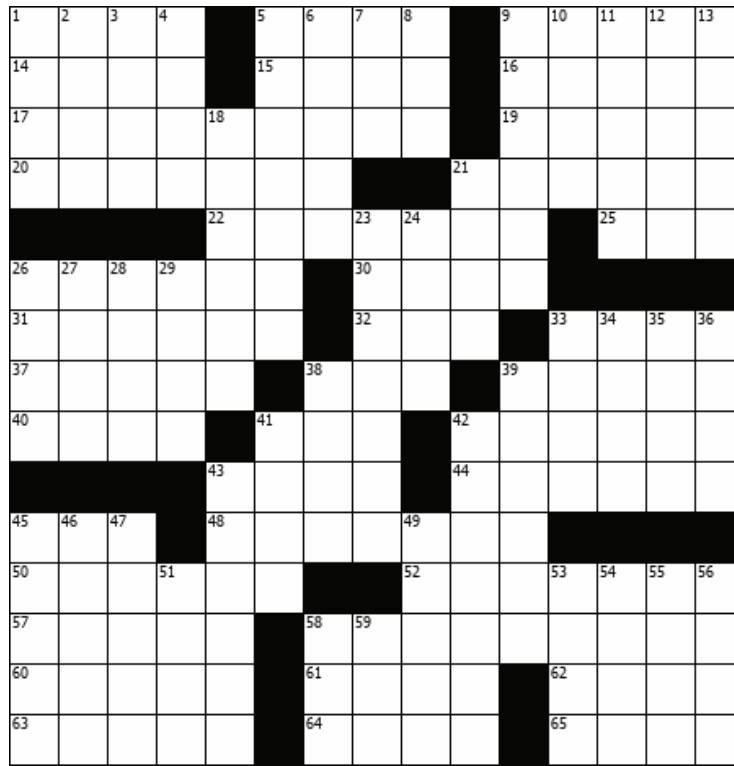
1:00 pm

**at the Little River Memorial Hospital,  
451 W Locke St, Ashdown, AR 71822**

*For more information, contact Kasandra Guilbeau at the  
Texarkana Regional Center on Aging, 870-773-2030*

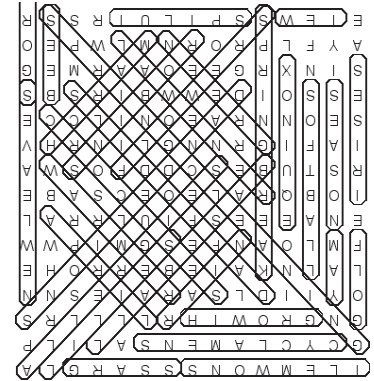
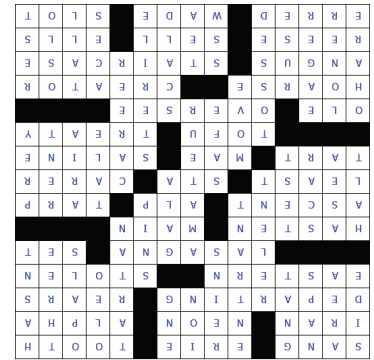
**Across**

- 1. Harmonized
- 5. Ohio lake
- 9. Incisor, e.g.
- 14. Persia, today
- 15. Inert gas
- 16. Greek vowel
- 17. Leaving
- 19. Brings up
- 20. Opposite of western
- 21. Obtained illegally
- 22. Popular pasta
- 25. Group
- 26. Hurry
- 30. Central
- 31. Mountaineer's climb
- 32. Swiss peak
- 33. Field cover
- 37. Slightest
- 38. Amtrak terminal (abbr.)
- 39. Concerned one
- 40. Sour in taste
- 41. Hollywood's \_\_\_ West
- 42. Briny
- 43. Healthy food
- 44. Part of NATO
- 45. Bullring cheer
- 48. Supervise
- 50. Raspy
- 52. Maker
- 57. Cattle breed
- 58. Story connector
- 60. \_\_\_ Witherspoon of "Sweet Home Alabama"
- 61. Vend
- 62. Building extensions
- 63. Made mistakes
- 64. Walk in water
- 65. Narrow opening



**Down**

- 1. Faction
- 2. Locality
- 3. Dozes off
- 4. Bothersome insect
- 5. Competitor
- 6. Bridle straps
- 7. Charged particle
- 8. School subject (abbr.)
- 9. Plaid
- 10. Bread topping
- 11. October birthstones
- 12. Trio number
- 13. Common contraction
- 18. Ease up
- 21. Cut
- 23. Nonprofessional
- 24. Festive occasion
- 26. Cease
- 27. On a cruise
- 28. Injury mark
- 29. Try out
- 33. "A \_\_\_ of Two Cities"
- 34. Met solo
- 35. Landlord's due
- 36. Quarry
- 38. Secure
- 39. Profession
- 41. Relocate
- 42. Free from germs
- 43. Flung
- 45. Chicago's airport
- 46. Hermit
- 47. Ardent
- 49. Burn with hot water
- 51. Trick
- 53. High cards
- 54. High
- 55. Capital of Norway
- 56. Take five
- 58. Compass pt.
- 59. Iced \_\_\_



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# Respiratory Virus Guidance Snapshot

## Core prevention strategies



**Immunizations**

**Hygiene**

**Steps for Cleaner Air**

**Treatment**

**Stay Home and Prevent Spread\***



## Additional prevention strategies

**Masks**

**Distancing**

**Tests**

**Layering prevention strategies can be especially helpful when:**

- ✓ Respiratory viruses are causing a lot of illness in your community
- ✓ You or those around you have risk factors for severe illness
- ✓ You or those around you were recently exposed, are sick, or are recovering

**\* You can go back to your normal activities when, for at least 24 hours, both:**

- Your symptoms are getting better, and
- You haven't had a fever.

When you go back to your normal activities, take **added precaution over the next 5 days**, such as taking additional steps for cleaner air and/or hygiene, masks, physical distancing, and/or testing when you will be around other people indoors.

# How to Make Sure Your Estate Plan Will Stand Up to Challenges and Unforeseen Circumstances 6

ARTICLE CONTRIBUTED BY ROSS & SHOALMIRE, P.L.L.C.

You might feel confident that you have a comprehensive Estate Plan that will protect your assets and your family if you become incapacitated or die, but how can you be certain? One way to ensure that your Estate Plan will withstand the unexpected is to have an attorney review it with certain potential challenges in mind. This review is a kind of stress test, much like what your doctor performs to make sure your heart is in good shape before you embark on a new exercise routine. By stress-testing your Estate Plan, you can identify weaknesses and fix them before it's too late.

## Potential Challenges to an Estate Plan

We all want to believe that our family members will happily abide by the terms of our Will and other documents if we should become incapacitated or die. After all, these documents reflect your wishes, so why wouldn't they accept them for what they are? Unfortunately, we see exceptions to this all too often. To be fair, sometimes it's not the fault of the family members at all, but rather a mistake in a document or an invalid term that causes a problem. Some potential issues include:

- Questions about your competency at the time a Will was drafted
- A family member who is surprised by their disinheritance
- Lack of compliance with state inheritance laws
- Named representatives or heirs who have passed away
- Unexpected choices for executors or guardians
- Hard feelings when divorce and remarriage have occurred

When you review your Will and Estate Plan with an attorney—whether that attorney created your original plan or not—you can update it to make sure all of your decisions are still valid, but you can also add some components that will strengthen it moving forward.

## What Your Estate Plan Might Need to Stand Up to Challenges

You can't foresee every angry relative and change in the law, but you can include some important elements in your estate plan to help protect it against disgruntled family members and legal challenges. Working with your attorney, you might choose to include:

• **A Living Trust.** Revocable Living Trusts are much more secure than Wills because they are not subject to state inheritance laws. When you name beneficiaries of assets in a Trust, the assets become theirs upon your passing without



having to go through Probate court. If you have any money or property to pass on—even if it is currently in a retirement account or life insurance policy—a Trust could be a good way to ensure it goes where you want it to go without being challenged.

• **Explanations for your decisions.** Including reasons for decisions that might be surprising can help to avoid confusion and protest after you are gone. If you are choosing to disinherit a family member, include a written explanation for why you are doing so. Likewise, offering reasons for your choice of a guardian could help family members accept your decision. Even a general letter of explanation included in your Estate Plan can provide peace of mind to family members who might suspect undue influence or incompetence.

• **Proof of competency.** If you have been diagnosed with a brain injury or dementia, it might be a good idea to include a letter from a doctor or psychiatrist attesting to your competence at the time the documents were created and signed.

• **A no-contest clause.** This is one to discuss with your attorney, but you can include a forfeiture clause in your Will that says that an heir who contests the terms of a Will and loses forfeitures their right to inherit anything. If a judge decides that the person filing the contest did so in good faith and with just cause, however, they will not forfeit their rights.

The most important step you can take to test your Estate Plan is to review it with an attorney every few years. If your attorney thinks you need additional protections, they will help you execute them.



# THINGS YOU SHOULD KNOW ABOUT <sup>7</sup> MILD COGNITIVE IMPAIRMENT

INFORMATION TAKEN FROM AN ARTICLE BY FAMILY CAREGIVER ALLIANCE AND REVIEWED BY DANIEL KUHN, M.S.W., EDUCATION DIRECTOR, MATHER INSTITUTE ON AGING, MATHER LIFEWAYS, AND BY CYNTHIA BARTON, R.N., M.S.N. – [WWW.CAREGIVER.ORG/RESOURCE/MILD-COGNITIVE-IMPAIRMENT-MCI/](http://WWW.CAREGIVER.ORG/RESOURCE/MILD-COGNITIVE-IMPAIRMENT-MCI/)

We know that some memory loss is associated with getting older. We forget someone's name, where we put the keys, the date. But if memory loss is becoming troublesome, and you notice that it's happening more and more, you may have what's known as mild cognitive impairment (MCI). Here are a few things you should know about MCI.

Mild cognitive impairment is a condition that falls somewhere between normal age-related memory loss and Alzheimer's disease or a similar impairment. Not everyone with MCI develops dementia. And like dementia, MCI is not an illness, but a cluster of symptoms that describes changes in how you think or process information. Memory problems are the most common indicators of MCI. A person with MCI may also experience difficulties with judgment, thinking, and language beyond what one might expect with normal aging. For unknown reasons, MCI appears to affect men more than women.

Family members and friends who notice these problems might not express concern because the early symptoms can mimic normal, age-related changes. People suffering from MCI often recognize they are having trouble but are still able to carry on most of their usual activities and live independently.

## Symptoms of MCI

If you or your family members have increasing concerns about your mental abilities and memory, the cause could be MCI. If so, you will be experiencing some or all of the symptoms below:

- More frequent difficulty remembering simple things
- Difficulty following a conversation or basic instructions
- Frequently losing your train of thought
- Forgetting appointments or scheduled events
- Feeling overwhelmed when you attempt to make plans or decisions
- Losing your way even in familiar locations.

With MCI, these changes do not occur suddenly but worsen over time. In addition to these cognitive symptoms (or perhaps because of them), many people with MCI also experience secondary emotional symptoms such as depression, anxiety, irritability, or apathy.

## Causes of MCI

The causes of MCI are not clear, but it appears that some of the same risks for Alzheimer's disease are risks for MCI. Those risks include:

- Being 65 or older
- Having a family history of MCI, Alzheimer's disease, or another form of dementia
- Having certain medical conditions, such as high blood

pressure, diabetes, stroke, high cholesterol, or heart disease

- Substance abuse, including alcohol abuse
- Lack of exercise

Brain imaging and medical research have shown that some people with MCI also have the plaques, neurofibrillary tangles, and shrinkage in the memory center of the brain that is observed in those with Alzheimer's disease (AD).

Other problems (which may be reversible) can contribute to memory loss, including medication interactions (from both prescription and over-the-counter drugs), infections, vitamin shortages, malnutrition, thyroid and other metabolic disturbances, depression, and drug/alcohol abuse.

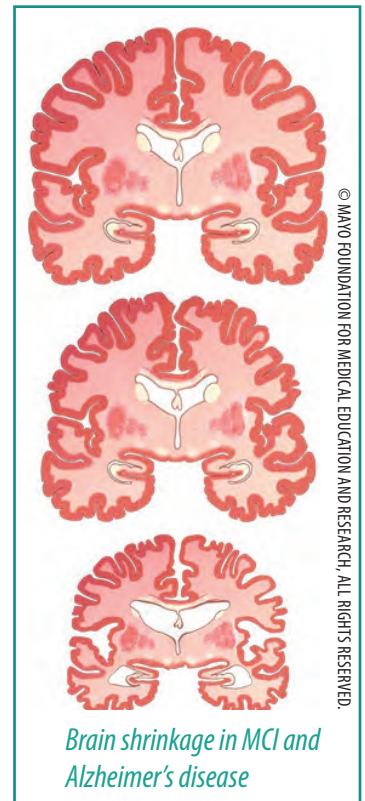
It's important to note that some people with MCI never get worse, and do not develop Alzheimer's. Current studies find that approximately half of the people diagnosed with MCI will experience continued progression of the symptoms, leading to a diagnosis of Alzheimer's disease or a similar dementia.

## Diagnosis and Treatment

There is no single, specific test to indicate the presence of MCI. A full evaluation is necessary to diagnose MCI and/or rule out other potential causes of the symptoms.

This thorough evaluation, similar to that for Alzheimer's disease, includes a physical examination, neurological examinations, laboratory tests, neuropsychological and memory tests, review of medical history and medications, and clinical observations. The experiences of the patient and close friends or family members are also important to the evaluation process.

Just as there is no single definitive test, there is no specific treatment or cure for MCI. Some doctors recommend taking medications currently prescribed for early-stage or moderate Alzheimer's disease to try to maintain cognitive abilities with MCI, but research studies have not provided clear-cut evidence on the benefits.



*Brain shrinkage in MCI and Alzheimer's disease*

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