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Do people get disease from aging or are certain aspects of aging caused by disease?

This is one of the central questions of geroscience, an emerging field in aging research. The question is explored and elaborated on in a special issue of the Journals of Gerontology: Series A – Biological Sciences and Medical Sciences, published online. Six papers by researchers working at or funded by the National Institute on Aging (NIA), part of the National Institutes of Health, present the opportunities and challenges of moving this multidisciplinary approach forward.

“These papers are a testament to the concentrated and collaborative work of several distinguished scientists,” said NIA Director Richard J. Hodes, M.D. “We have long been challenged by the interaction of aging and chronic disease. This series of papers points to important ways we can integrate our thinking and approach toward aging and disease.”

Geroscience seeks to understand the molecular and cellular mechanisms responsible for aging being a major risk factor and driver of common chronic conditions and diseases of older people. While aging itself is not a disease, the aging process represents a major risk factor for a number of chronic diseases and conditions, including cardiovascular disease, diabetes, many cancers, arthritis, and frailty, among many others. The goal of geroscience is to increase the years of healthy life – the healthspan – rather than simply lifespan.

“We hope that research in this area will ultimately translate the findings about aging biology into clinical interventions,” said Felipe Sierra, Ph.D., director of NIA’s Division of Aging Biology. “For example, we know some of the risk factors specific to cardiovascular disease and we have interventions to modify and reduce those risk factors. But a major risk factor for cardiovascular disease is aging, and we hope to identify specific risk factors that derive from the process of aging, so we can develop interventions against them.”

The NIA-funded Geroscience Network is a national interdisciplinary network of aging centers whose goal is to understand and exploit links between aging and genesis of chronic disease. The papers in the special issue describe the work of...
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the Geroscience Network, produced through a series of meet­
ings and workshops over two years and can be read at
https://www.geron.org/publications/the-journals-of-gerontol-
ogy-series-a-biological-sciences-and-medical-sciences:

• “Moving Geroscience into Uncharted Waters” – Provides a comprehensive introduction to geroscience and describes the series of papers.

• “Barriers to the Pre-Clinical Development of Therapeutics that Target Aging Mechanisms” – Analyzes the barriers to translation and pre-clinical development of interventions.

• “Evaluating Healthspan in Pre-Clinical Models of Aging and Disease: Guidelines, Challenges and Opportunities for Geroscience” – Focuses on healthspan evaluation in pre-clinical models, with an emphasis on non- or minimally invasive measurements that can be conducted in the mouse, biomedicine’s animal model of choice.

• “Frameworks for Proof-of-Concept Clinical Trials of Interventions that Target Fundamental Aging Processes” – Describes the issues and elements to be considered when developing potential clinical trials for aging in humans, including all the elements of a well-designed Phase II clinical trial, and how such a design can be modeled when the goal is to obtain an FDA certification against aging.

• “Strategies and Challenges in Clinical Trials Targeting Human Aging” – Outlines the strategies needed for translation into the clinic, focusing on how to design studies to delay aging with drugs already approved for human use.

• “Resilience in Aging Mice” – Report on a workshop not supported by the Geroscience Network. It is included in the series because of its direct relevance to the topic. It concentrates on identifying practical methods for measuring resilience in mouse models, as a way to accelerate testing of potential interventions before a full-length longevity analysis was attempted.

The National Institute on Aging leads the federal government effort conducting and supporting research on aging. The Institute’s broad scientific program seeks to understand the nature of aging and to extend the healthy, active years of life. For more information on research, go to www.nia.nih.gov.
HealthView Services’ Retirement Health Care Costs Data Report explores emerging trends and provides detailed projections of health care expenses in retirement. The report reveals that health care costs for retirees, driven by health care inflation, age, and increased cost shifting, are continuing an upward trajectory.

HealthView’s data shows the average healthy 65-year-old couple retiring 2016/2017 is projected to spend $288,400 in today’s dollars on lifetime Medicare Parts B, D and supplemental insurance (Plan F) premiums. When dental, hearing, vision and all other out-of-pocket expenses are included, the total retirement health care bill rises to $377,412.

"Few Americans have taken steps toward addressing medical expenses in retirement, and most do not understand Medicare costs," said Ron Mastrogiovanni, Founder and CEO of HealthView Services. "Our data shows the significant impact of rising health care costs and the importance of planning for them.”

For retirees counting on Social Security income, HealthView Services’ Retirement Health Care Cost Index® shows the portion of benefits required to cover projected lifetime medical expenses. A 66-year-old couple retiring this year will need 57 percent of their Social Security to cover total health care costs. A 55-year-old couple retiring in 10 years will require 88 percent, and a 45-year-old couple, 116 percent. These calculations are based on Social Security Trustees’ projections of a 3.1 percent Cost of Living Adjustment (COLA) in 2017 and 2.7 percent thereafter.

According to Mastrogiovanni, "What has not changed is that many Americans will still see a significant portion of their Social Security income consumed by health care costs; for some, medical expenses could eventually exceed their benefits.”

A key cost driver is health care inflation in retirement. Overall retirement health care costs are projected to have increased by 7.3 percent between 2015 and 2016, driven in part by a 16.1 percent increase in Medicare Part B premiums over the same period. Over the next 20 years, HealthView projects a more modest average annual inflation rate of 5.1 percent for retirement health care expenses. This is consistent with forecasts from the Centers for Medicare and Medicaid, which expects at least eight years of health care inflation between 5 and 7 percent.

Other findings include the cost disparity between genders, driven by a greater average life expectancy for women. A 30-year-old female retiring at 65 can expect to pay $548,098 (in today’s dollars) in total lifetime retirement health care expenses - $118,632 more than a male of the same age (based on life expectancies of 91 and 87, respectively).

Similarly, healthy Americans can expect to pay significantly more for retirement medical services than those suffering from a chronic disease that may impact their lifespans. A healthy male or female can expect to pay almost twice as much for lifetime health care in retirement than someone who is diabetic.
No Immediate Changes Expected for the Affordable Care Act

With the Republican administration ready to take control of the White House, the first item on the agenda is repeal of the Affordable Care Act, better known as Obamacare. Repeal of the ACA will potentially affect an estimated $29.8 Million Americans.

Heather Korbulic, Executive Director of the Silver State Health Insurance Exchange says the ACA will not go away anytime soon. “Right now we are working on Open Enrollment through January 31, 2017. But with all the rhetoric around the politics of ACA, things are going to obviously change.”

And change is what is being discussed on Capitol Hill. Republicans plan to submit legislation to repeal Obamacare next year and delay the effective date to allow time to pass a replacement to the ACA.

“The exchange is working on how they can advise and be a part of health care reform whatever happens with the new administration,” said Korbulic. “We have been paying close attention to the changes that potentially can happen. We want our consumers and clients to know it takes time to make changes such as this. It took four years to implement the ACA and longer to pass it. So all the bills that have been put forth are seen as potential avenues the new administration would use.”

A budget reconciliation is expected in early January 2017 to repeal the ACA. “What that does is eliminate the budget pieces associated with it, the subsidies. In those bills it offers a two year transition period. It gives the new administration a two year window to legislate, pass and implement a new replacement of the ACA.”

Action to repeal the ACA has the health care industry concerned. Hospitals, insurers and actuaries have been telling the administration and Congress that repeal of the 2010 law will have consequences that would create a ripple effect, costing them billions to unwind what has been put in place over the past six years.
“There are certainly parts of the ACA that have not been successful, like the cost of high premiums,” Korbulic said. “It’s important for Nevada consumers to know that the national average of premiums went up 25 percent but here in Nevada it is closer to 10 percent. So we’re looking at a much less increase in costs for 2017.”

Eighty-seven percent of the population that purchases insurance through the state health exchange are eligible for federal subsidies, and when premium costs go up the federal subsidy goes up.

“It will be a small impact to a person’s budget and wallet,” Korbulic said. “The budgetary reconciliation bill repeals those subsidies, but the subsidies will still be in place until they find a replacement plan.”

Korbulic says the new administration has been clear that they do not want to just unplug the ACA, and leave people out in the cold without insurance. “They still want to insure all of those that are currently being served and who have insurance through the exchange or through expanded Medicaid keep their insurance. We’re just waiting to see what kind of policies will be put forward.”

Nevada’s health insurance exchange no longer has the problems it did the first year of operation, and this year there have been less delays when accessing health coverage. The Nevada Silver State Health Insurance Exchange enrolled 88,145 people last year and is hoping to increase that number.

A glitch that could affect enrollment next year is in the platform used. A rule comes out every year from the Center for Medicare and Medicaid Services (CMS) that tells the exchanges operating as a state-based marketplace who use the federal platform, how much it is going to cost to use Healthcare.gov. “They told us we will pay 1.5 percent of premiums in 2017. It is a high cost, but it is a tolerable cost. For 2018, CMS has said the fee will be 3 percent which is going to be almost the entire health exchanges budget.”

Korbulic says they are negotiating with CMS to try to drive those prices down, or at least keep the 2018 costs at 1.5 percent so they can maintain stability in the marketplace while looking at other opportunities to transition to an existing technology platform that will be significantly less in costs.

With enrollment so high, many consumers have been voicing their concerns. “We’re hearing from consumers who have had pre-existing conditions that they are afraid that they will not be able to purchase insurance in the next few years. That is one area the ACA has been a success. You can come in with a pre-existing condition and get the same community rate as anybody else with or without an illness.”

Korbulic says they try to set minds at ease by telling consumers that the President-Elect has indicated he does like that component of the ACA and hopes to maintain and continue the pre-existing condition clause. The other thing consumers like is the clause that allows their children to stay on their plan until the age of 26, another component the President-Elect has said he likes as well.

“It is such an uncertain time. Until an actual policy is put forward, it is not worth our time to have anxiety over what will or will not happen. There is always a chance the ACA will not be repealed but modified.”
Oftentimes the most difficult aspect of caring for a loved one with dementia is loss of communication.

Alzheimer’s or other types of memory illness often affect speech, body language, and the thought process; the brain appears to be short circuited as the illness worsens, leaving the individual unable to express everyday needs and wants to those caring for them.

The Nevada Positive Behavioral Interventions and Supports (PBIS) Technical Assistance Center, located at the University of Nevada Reno, received a grant in 2015 to develop a program to help maintain quality of life as the person ages with dementia. Funded by the Nevada Division of Aging and Disability Services, the Nevada PBIS program works to help families and caregivers better understand, communicate, and care for those with complex behaviors.

Project Director and Principal Investigator, Ashley Greenwald, Ph.D., BCBA, explained the PBIS team spent many months researching applications of applied behavior analysis and positive behavior support for people living with neurocognitive disorders including Alzheimer’s disease. In developing the program, Greenwald said project researchers visited assisted living and memory care facilities who provide services to the elderly, their families and caregivers. From their research a 10-hour training curriculum was created that includes three workshops, five group classes and individual consultations.

Families and caregivers are initially invited in the home where the dementia patient lives, so researchers can learn about the home environment, their working career, likes and dislikes, and core values. The goal is...
to teach those caring for one with dementia how to communicate on a daily basis, manage behaviors that are counterproductive, and understand what is being communicated.

“The first class focuses almost exclusively on the emotional safety and wellbeing of the caregiver so that they can engage in effective “care partnering”, something that we stress in the classes through our model of person centered planning focusing around the individual’s strengths. We are always taking a strengths-based approach in our work,” Greenwald said.

“We use mindfulness activities to draw awareness to the present moment, and gently explore what thoughts, feelings, and emotions serve as barriers to value-based living in caring for their loved ones. This first class sets the tone for the rest of our behavior support work and support plans that we create with and for the individual living with dementia.”

Positive Behavior Support Training is well planned and scientific. Families are trained in principles of behavior that is person centered and evidence-based to reduce intrusive services and interventions, to support those with challenging behaviors, and increase independence. The goal is to help sustain a patient living environment, facilitate communication, and independence in activities of daily living, while the caregivers learn strategies and mindfulness in understanding atypical behaviors, and ability to communicate as a caregiver.

Caring for a loved one with dementia is not an easy task. Families learn techniques in workshop sessions, accompanied with in-home consultations, functional behavior support plans and skills for interventions. While caregivers are learning tasks, researchers continuously gather data, collecting it for assessment. “We take an individual function-based approach to analyzing behavior, which makes our program so unique.”

Greenwald says the research team has learned many things from the workshops. For instance, one wife was upset because the husband would constantly take the stove apart. After learning his occupation was an auto mechanic, researchers realized he was tinkering with parts as he did when he worked on automobiles. The team recommended a place be set up in the garage where he could use his hands fixing things.

Understanding what an Alzheimer’s patient is trying to say often decreases the level of agitation the person is feeling, while caregivers are stressed and emotional trying to care for a loved one that no longer resembles the person they once were. The curriculum teaches families to engage in mindful behavior, rather than reacting to what they think is being communicated.

The goal is to design supportive environments, such as routine, meaningful activities, and hobbies. The home must also be modified to enhance safety, direct attention and increase socialization. People with dementia often find comfort in memories, such as looking at family photos, listening to music, remembering family members and friends. Physical activity is important for functioning, improving activities of daily living and supporting positive behavior.

The PBIS program is new to northern Nevada, but researchers are excited about creating positive outcomes for families facing a difficult and unique journey. “There is currently no cure for dementia related illnesses, but there are tasks we can learn to make that journey easier for people,” Greenwald explained.

To learn more about the workshops and how to participate, contact Christine O’Flaherty, M.S., BCBA, Clinical Director/NW Training Coordinator, Positive Behavior Support - Nevada, PBIS Technical Assistance Center at (775) 682-9068 or email her at christineo@unr.edu.
Researchers from the University of Southern California are testing a promising drug aimed at preventing or delaying the symptoms of Alzheimer’s disease.

The international study – jointly managed by the USC Alzheimer’s Therapeutic Research Institute (ATRI) and Janssen Research & Development, LLC – will test Janssen’s BACE inhibitor in people who are currently asymptomatic.

The investigational drug aims to block an enzyme involved in the generation of the amyloid peptide, a toxic molecule that is believed to play an essential role in causing Alzheimer’s.

“We are now looking at the stage of Alzheimer’s that precedes even mild symptoms,” said Paul Aisen, founding director of USC ATRI and professor of neurology at the Keck School of Medicine of USC. “It is our view that drugs such as BACE inhibitors may be most effective at the earliest stages of the disease.”

USC-ATRI’s role in the study is funded by a new contract with Janssen. USC ATRI and Janssen will provide joint oversight for the study; in addition, ATRI will manage study activities at sites in the U.S. and Canada.

“There is a lot of optimism that research may be ushering in a new era in Alzheimer’s drug development,” said Gary Romano, M.D., Ph.D., head of Alzheimer’s disease clinical development at Janssen. “We may be able to treat the disease using interventions before it becomes advanced, much like you treat high cholesterol to mitigate the risk of heart attacks.”

**Trial Details**

The trial will recruit individuals who show no outward symptoms and are 60 or older. They will then be tested for amyloid accumulation in the brain and, if positive, will be invited to participate in the study. The study will assess cognitive performance, along with other measures related to Alzheimer’s, over time.

The study will employ a framework created by USC ATRI investigators for testing drugs at the earliest stages of the disease when treatment would be most effective by attacking the driving molecules before substantial damage to the brain has occurred.

This is a phase 2/3 randomized, double-blind, placebo-controlled, parallel group, multicenter study in people across North America, Europe, Japan and Australia who have evidence of brain amyloid accumulation but are asymptomatic. More than 1,600 people will be enrolled worldwide, including 660 participants at 75 sites in North America, who have not experienced any clinical signs of Alzheimer’s disease.

The Janssen BACE inhibitor is licensed from Shionogi & Co., Ltd. Osaka, Japan. More details about the study can be found at the NIH Clinical Trials web site: https://clinicaltrials.gov/ct2/show/study/NCT02569398.
Aging Mastery Program

The nation’s 76 million baby boomers have been given an unprecedented gift of health and time; but to a great extent, older adults do not make the most of this phase of life.

The National Council On Aging created the Aging Mastery Program® (AMP) to develop new expectations, norms, and pathways for people aged 50 to 100, to make the most of their gift of longevity.

AMP helps older adults and boomers build their own playbook for aging well. It is a fun, innovative, and person-centered education program that empowers participants to embrace their gift of longevity by spending more time each day doing things that are good for themselves and for others.

Aging has changed remarkably since the last generation entered into retirement. Yet, traditional retirement plans are disappearing, the cost of daily living continues to rise, and more than 84 percent of (Mastery Program page 14)

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Miracle on 34th Street Sunday, December 25

$59

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Meet at the Eldorado Showroom
We invite you to our Christmas Tour with the heartwarming musical Miracle on 34th Street, about a mother who doesn’t want her daughter’s head filled with romantic notions about Christmas. The perfect holiday treat sure to melt even the most cynical heart. Enjoy Christmas dinner, Italian Style, at La Strada.

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people aged 65+ are coping with at least one chronic health condition, often over many years. The result is that most older adults are unprepared for this new stage of life. Societal expectations for them have changed little since 1950, but they are facing a new reality when it comes to maintaining their health and economic security and contributing to society.

AMP encourages aging mastery—developing sustainable behaviors across many dimensions that lead to improved health, stronger economic security, enhanced well-being, and increased societal participation. The 10 core classes combine a peer-supported classroom-like structure with social rewards. The in-person version is held at sites where older adults and baby boomers already gather in their communities, such as senior centers. Digital AMP offers an online version through a self-guided environment.

“The class offering was actually profound for me. I am 70-years-old and if I’m ‘lucky’ I may have 10 more ‘good’ years. The classes offered ways to make the years happier, healthier, and more worry free,” said a participant.

Both programs provide a comprehensive approach to aging well—focusing on key aspects of health, finance, relationships, personal growth, and community involvement. AMP uses a proven model of behavior change incentives with a primary emphasis on getting people to take actions to improve their lives.

Preliminary results show that AMP participants significantly increased their physical activity levels, healthy eating habits, use of advanced planning, social connectedness, and participation in evidence-based self-management programs after taking the core curriculum.

To find out more about the program and the core curriculum, visit the Aging Mastery Program at ncoa.org.
Seniors Increasingly Getting High

By Carmen Heredia Rodriguez
Kaiser Health News

Baby boomers are getting high in increasing numbers, reflecting growing acceptance of the drug as treatment for various medical conditions, according to a study published in the journal Addiction.

The number of states that have legalized marijuana for recreational use is eight, while many others have approved the use of medical marijuana. Nevada approved the use of medical marijuana during the 2014 legislative session. Nevada voters additionally approved a ballot measure to legalize marijuana in November 2016. Rules and regulations surrounding the new law are currently being developed before its rollout.

The growing use of the drug among the 50-and-older crowd reflects the national trend toward pushing cannabis into mainstream culture. Over 22 million people used the drug in 2015, according to the Substance Abuse and Mental Health Services Administration. The drug has also proved to be a financial boon for state economies, generating over $19 million in September in Colorado.

More people living with medical conditions have sought out marijuana. The study showed the number of individuals living with two or more chronic conditions who used the drug over the past year more than doubled. Among those living with depression, the rate also doubled to 11.4 percent.

Joseph Palamar, a professor at the NYU medical school and a co-author of the study, says the increase among the sick could be attributed to more individuals seeking to self-medicate. Historically, the plant was difficult to research due to the government crackdown on the substance. Palamar said the findings also reinforce the need for research and a call for providers to screen the elderly for drug use. “They shouldn’t just assume that someone is not a drug user because they’re older,” he said.

The study by researchers at New York University School of Medicine suggests more data is needed about the long-term health impact of marijuana use among seniors. Study participants said they did not perceive the drug as dangerous, a sign of changing attitudes.

Benjamin Han, assistant professor at the New York University School of Medicine and the study’s lead author, fears that marijuana used with prescription drugs could make the elderly more vulnerable to adverse health outcomes, particularly to falls and cognitive impairment. “While there may be benefits to using marijuana such as chronic pain,” he said, “there may be risks that we don’t know about.”

Unlike the marijuana of their youth, seniors living in states that legalized marijuana for medicinal use now can access a drug that has been tested for quality and purity, said Paul Armentano, deputy director of NORML, a nonprofit group advocating for marijuana legalization. Additionally, the plant is prescribed to manage diseases that usually strike in older age, pointing to an increasing desire to take a medication that has less side effects than traditional prescription drugs.

“We are coming to a point where state lawmakers are responding to the rapidly emerging consensus-both public consensus and a scientific consensus—that marijuana is not an agent that possesses risks that qualifies it as a legally prohibited substance,” he said.

The study findings reveal overall use among the 50-and-older study group increased “significantly” from 2006 to 2013. Marijuana users peaked between ages 50 to 64, then declined among the 65-and-over crowd. Researchers also uncovered an increasing diversity in marijuana users. Past-year use doubled among married couples and those earning less than $20,000 per year. The study was based on 47,140 responses collected from the National Survey on Drug Use and Health.

The Drug Enforcement Administration classifies the plant as a Schedule I substance. The push and pull between state and federal governments has resulted in varying degrees of legality across the United States. Palamar says this variation places populations at risk of unknowingly breaking the law and getting arrested for drug possession. “The issue poses one of the biggest public health concerns associated with marijuana,” Palamar says.

Chances are, you want to pass on so much from your generation to the next: family traditions, your grandmother’s hand-sewn quilt or dad’s love of books, for example.

But you obviously have no interest in passing on a serious illness. Luckily, there’s a simple way to take charge of your health and help protect those around you: by asking about vaccines at your next doctor’s visit or trip to your local pharmacy.

We all know how important vaccines are for infants and children, but we tend to forget about protecting ourselves. Every year thousands of adults get sick because they didn’t get vaccinated. Some end up in the hospital, and some die.

But keep in mind: Vaccines are available to help protect you and your family against many preventable diseases.

You’ve no doubt recently seen a flu or pneumococcal vaccine reminder on TV, the Internet or inside your local grocery store. You’re seeing it everywhere because diseases like these are serious. This is not just a bad cold or headache. Flu and pneumonia can — and do — kill.

Do you spend time around friends or family who are older than 65? Maybe you have someone in your family with a weakened immune system? Or perhaps there’s a new baby in the family, one who isn’t yet old enough to get vaccinated.

All of these groups of people are at greater risk of complications from diseases like the flu. So when you get vaccinated, you’re not only protecting yourself — but also your friend, your relative or maybe even an adorable grandbaby.

While many adults know about the importance of getting an annual flu vaccine, they may not be aware of other vaccines.

Heidi Parker, Executive Director
Immunize Nevada

Heidi Parker

Pass on your beautiful eyes or musical prowess—not the flu

Vaccinations can help save your life, or even the lives of your family and friends

Heidi Parker, Executive Director
Immunize Nevada
that could have life-saving benefits. A recent national CDC survey showed that most U.S. adults are not even aware that they need additional vaccines throughout their lives to protect against diseases like pertussis, hepatitis, shingles and pneumonia.

This means millions of adults aren’t protecting our own health. And of course, because immune defenses become weaker with age, this reminder is especially important as we get older.

“Anybody who has an autoimmune or any other chronic disease needs to get vaccinated to protect themselves from foreign invaders,” shares Nevada Diabetes Association Executive Director Sarah Gleich. “Infections can and do harm the body, particularly for people who are already at risk.”

Obviously, vaccine-preventable diseases like shingles, pneumonia and whooping cough can make you very sick. But if you get sick, you may risk spreading the disease to others. That’s a risk most of us do not want to take.

Just like with the flu, groups that are more vulnerable to infectious diseases — like infants, older adults and people with weakened immune systems, like those undergoing cancer treatment — are especially vulnerable. They are also more likely to have severe illness and complications if they do get sick. You can help protect your health and the health of your loved ones by getting your recommended vaccines.

So what vaccinations do you need?

According to the CDC, the specific vaccines you need as an adult are determined by factors such as your age, job, lifestyle, health conditions, locations of travel, and vaccines you’ve received in the past. Throughout your adult life, vaccines are recommended to get and maintain protection against:

- Seasonal influenza (flu): for all adults
- Pertussis (whooping cough): for all adults who have not previously received the Tdap vaccine and for women during each pregnancy
- Tetanus and diphtheria: every 10 years following Tdap vaccine
- Shingles: for adults 60 years and older
- Pneumococcal disease (pneumonia): for adults 65 years and older and adults younger than 65 who have specific health conditions

Other vaccinations you may need include those that protect against human papillomavirus (which can cause certain cancers), meningococcal disease, hepatitis B, hepatitis A, chickenpox, measles, mumps and rubella.

If you’re planning to travel outside of the U.S., check on any additional vaccines you may need. Some travel-related vaccines are part of a series or are needed months prior to your travel to be most effective, so be sure to plan ahead.

But remember: Everybody is different, so it’s important for all adults to talk to their healthcare provider to find out their specific needs.

The good news is that getting vaccinated is easier than you think. Adults can get vaccines at doctors’ offices, pharmacies, workplaces, health clinics and health departments. Visit www.immunizenevada.org/community/where-go to help find a vaccine provider near you. Most health insurance plans cover the cost of recommended vaccines — a call to your insurance provider can give you the details.

Who knew getting recommended vaccines could actually be a symbol of love? This simple act can protect you, your family and friends. It doesn’t cost a lot — yet it’s more valuable than Grandma’s marble teacart that has been handed down for generations.

For more information about the vaccines you may need, how to get them or why you need them, visit www.immunizenevada.org.