Kelsey Halverson: Good morning! We are going to go ahead and get started. If you want to grab your coffee and grab your seat. Thank you all for coming. We had a bigger group signed up so we might have more people tickling in as they find it but we’ll go ahead and get started. My name is Kelsey Halverson. And I work with PASSAGES Caregiver Resource Center. How many of you have heard of the Caregiver Resource Center? You are pretty familiar with that. So we provide support to family caregivers. And today we invited Patrick Arbore to speak for us on how to stay healthy as we age. And we went along with the theme of older Americans month which is about taking action. And the three different ways are: taking charge, engaging, and making a difference. So he is going to talk about that today. And for those of you who don’t know Patrick Arbore, he is the Founder and Director of the Center for Elderly Suicide Prevention and a group related services at the Institute on Aging. He does have a table over there in the other room next door to ours. So there’s information there that you can grab on your way out or during the break. We also have a couple of other vendors here today that just have some good information that ties into what we’re talking about here today and staying healthy as we grow older. So if you would like to join me in welcoming Patrick Arbore.

Audience applause
Patrick Arbore: I’d like to thank those on the committee who put this event together. I’ve never been in this part of Chico and it’s just really beautiful. And I had my GPS and I was saying didn’t get in the right place that for whatever reason but I found it. And I’m glad you found it as well. I’m very happy to be here as always, in the Chico area. It is good to see Chris and everyone else. And today we are going to be talking about what it means to grow older as a society and I know, where you? Your 98-year-old mother is doing well. And others, and how many of you have a relative, a parent, your uncle/aunt and who are in their 90s? Some of you do. And what we’re seeing is for us as we get older the likelihood of us living longer is quite possible. And I think for many of us, however, we might not have been thinking that far ahead. Some of you at 70 or 65 or 82, might be surprised that you are, you know, as healthy as you are. And are able to get out and do things and participate, when we look back at, you know, my parents’ generation. My mother was old, really, at 55. I remember when she was 35, I was 10 at the time, and she, it was her birthday was in May and she walked into the living room and she was just walking in a circle. And she said I’m so old and so old at 35. She would’ve been 94 had she lived. And, and, and that really I remember being 10 that that really made such an impression on me when people say why you think you got involved in aging, I really think that, that affected me. Because she was young and at 10 I thought she was young, but that, and I’d never seen her so upset about something. And but I think it says something about her generation. You know, that there was a sense that we’re old at 30, or old at 40. But things have changed and we see this very often in terms of the demographic.
As Kelsey said, I’m the Director and Founder of the Center for Elderly Suicide Prevention and Grief Related Services. And our primary service is the Friendship Line and I have brochures and things over there should you want to pick up some of that information. And this is our 42nd year of the Friendship Line. And we began in response to the high rates of suicide among older adults. Sadly and unfortunately that hasn’t changed that much, although, now middle aged men have had a spike in their death by suicide. And that very disturbing but also very important for us to think about if you remember back in August 2014 Robin Williams died by suicide at the age of 63. And what we know about him at least in terms of what the, you know, newspapers stated is that we knew that he was in substance abuse recovery, that he had been throughout his life very depressed and then he had a diagnosis of Parkinson's disease. And what the, you know, people that at least knew him somewhat were saying it was that diagnosis that was really, really difficult for him. In particular someone like Robin Williams who was so, you know, in his head. You know, all the time very intellectual.

Come on in. And if anybody wants to help yourself to something to eat I don't mind if you walk up here and share the space with me. I'm fine with that. We wouldn't want you to be hungry here.
But I think that his death really crystallized something I think very important which is where living longer, you know, there is this...you know people who are in their 80s, 90s, whatever and yet there is this concern about, “Well I want to live. I want to live longer. I want to be as healthy as possible but I’d like to do it as I was at 40.” and that's a problem. And we are going to talk about that as we go along.
And, you know, when we look at the stats each day in the US 10,000 people are turning 65. Each day 10,000 people are turning 65 and this is going to continue for about 15 years. And so when we talk about this age wave we’re not kidding. Now that we are really moving into a situation that the United States has never seen before which is would have more older adults than young people. And so the fastest growing age group is 85+ and the second fastest age group is the centenarians, people 100. So the likelihood of many of us in this room living that long is very, very possible or people you know, family members, etc. And again we kind of look at that and think we’re going to live a long time. Yet as I said we don’t want to deal with some of the issues that are going to come up, as we age. And that’s the challenge for us. So we’ve got to think about.
Is not just the number of years that we live, it is the years of healthy aging that need to be considered. So we’ve somehow got to figure out, “How do I ... balance this experience of being a human on this planet when we know that impermanence is part of the experience of, of, of being a human on this planet.” And, and that’s what is so tricky for us to navigate, to ponder. And as you picked up your material there were two things, one with the slides that you have, but the other was this article from the New York Times that some of you might've seen. and etc. I like the title very much, “The Liberation of Growing Old.” And because we’ve been caught in a very strange dynamic in our society and it has something to do with what I said about the, the aging process. So we hear things about, you know, older adults are, are, you know, hard on the economy. We have all these entitlement programs etc. We often hear Congress trying to decrease funding to Medicare and Medi-Cal, those kinds of things. And, you know, a lot that threat about Social Security it’s going to go bankrupt. From what I've learned from aging experts throughout the country is that we’re not going to be bankrupt in our anytime soon in terms of Social Security. But why do those myths keep going out there? And it's really again to me a form of ageism. And we've got to ponder that too.
So we want to look at, you know, this attempt to push back the years of physical mental decline and increase wellness by identifying practices that continue to improve quality of life. As I've said, probably some of you heard me say this in the past, which is, you know, when I turned 60 people said, “Patrick keep in mind is that 60 is the new 40. Or 70 is the new 50.” People would say, “Patrick you, you, you look you don't old.” Someone said that to me the other day. –I said I’m 67, I’ll be 68 this year. In terms of somebody asked. And immediately somebody said, “But you look good.”

Audience laughter.

**Patrick Arbore:** And it’s like, see to me that's another form of ageism. As long as you look “okay’ we will tolerate you. But if you start looking old, you know, and that's why that 60 is the new 40 and 70is the new 50. We’ve got to tackle that. And, and, and I say to groups, those of you that are in your 40s you know and I know this is not 40. This is clearly 20 years older or more and, and I feel it. And I have no desire to go back but that, that’s what gets in the way of our ability to age and age in a healthy way. As there is such pressure in terms of not being your stated age. That it’s okay. What’s wrong with being 67 or 72 or 80. You know we need to really look at that if we are going to stay healthy.
Good morning, come on in and help yourself to coffee etc.

So we are going to have to look at practices that help us stay well, stay healthy. But we've got to pay attention to the impact of birth date on how society treats us. And, and that's difficult, you know, older people get their minority status simply by virtue of having more birthdays than other people.
And so what are the three main components of well-being? And, and this is what I think is important for us to keep in mind. That we got to maintain mental and physical functioning for as long as we can. And that means we need to pay attention to it 10 years ago, 20 years ago. See in a youth obsessed society it gives us very little latitude to actually talk about who I will be down the road as an older person. Because we don’t want to talk about. You talk about getting old in this country and people can get very nervous, very uncomfortable. Even people my age or older who are, to me, somebody’s going to need to claim it at some point. Who is old? Oh not I. You know I’m 92. Oh no, not me, I’m not going to that Senior Center because old people are there. And, and so we’ve got to get through that somehow and allow ourselves to come up with another way of managing this.

We also need to learn how to avoid if possible disease and disability. You know, fall prevention. How many of you have been to a fall prevention program? And they’re usually pretty available or happen occasionally. And I would say go to it. I can’t tell you, and I know people in this room that work in the field of aging know this as well, that you are pretty healthy people are going about their business but they’re not paying attention. And I can think just right now five people last couple months that I know personally who have had really terrible falls at home that have totally changed their whole life.
Because in each case they are either broken hip, broken an arm, and had one woman had organic brain damage because she slipped in her bathroom and hit her head on the sink. And all their lives have changed dramatically. They're no longer living independent. And they...these were injuries that did not have to happen. So I just urge us all...and, and that means I have to be more conscious. Even that yesterday morning when I was at my...where I live, I have an upstairs where the bedrooms are and I was coming down I was thinking about what I needed to take with me yesterday because I was driving up here yesterday and the and I slipped on one of the stairs. I didn't fall but boy it was again a reminder that Patrick you're not 16 anymore. Get with it. You need to pay attention. And that's okay that doesn't mean there's something wrong with me. What it means, you know, my, my body is just different than what it was. I need to pay more attention; I need to be more conscious.

And the third point is we need to continue engagement with life. And that's what I think is so great about all of you coming out here this morning is that you’re engaging with life. I can't tell you what an important aspect of staying healthy that is. You know, to, to, you know, be in this environment for example or, you know, other environments.
Is your name Linda? Lindsey. Lindsey was talking about the ongoing education program through Osher Lifelong Learning Institute and I think that's another very important thing that we need to do, I’m going to be talking about brain health a little bit, we need to do something that I think a lot of our parents or grandparents stopped doing. They stopped learning. You know, they might have had a lot of innate knowledge that by experience. But they kind of shut down. I remember my father just shut down and he would just sit there and watch the TV or stare out the window. And what a problem that is for the brain. The brain needs to be stimulated. And we'll talk about that as we go along.
So again when we look at the US population, particular in terms of people living alone, this has changed dramatically. I talked about this in more depth that another talk that the number of people living alone in 2010 with approximately 29,000,000 which is a 30% increase since 1980. And that is very different then what we have experienced in this country in the past. What do you think of that? When you see that, that 29 million people live alone? Does that surprise you? Is that something you expected? Do you think it would've surprised your parents? Yeah they would've been very surprised by that. So what we get something that doesn't mean that 29 million people are lonely. What it might mean is that some of those people might be lonely and isolated but many of them might choose that. I live alone and I’m very grateful every time I come home and opened the door that I can shut it and nobody's in there.

Audience Laughter.
Patrick Arbore: And I’m always grateful. But one of the one of the issues that is so important in terms of research is that they found elderly individuals who live alone are lonelier than age matched individuals living with others despite comparable social interaction frequency and personal network adequacy. So in terms of empirical evidence even though many of these people might not acknowledge that they are lonely they are lonelier than age matched pairs even though frequency of contact and that kind of thing are about the same. So it's something again we want to pay attention to, we want to think about that.

Good morning. I love that. People coming out of everywhere.

And so it's just something again to think about and that is what we’re trying to do here today. We want to pay attention so that if my living situation changes because my partner dies or if I’m living with somebody and they moved to another county. I want to pay attention to what it means to be alone if you spend most of your life with people. Now it’s a period of adjustment.
Perissinotto, she's a Geriatrician from UCSF. She's done research in terms of older people that live alone. And she said what she sees the lonely people, now these are people again who may not be choosing to live alone but maybe circumstances have happened that they wound up alone, but she said they're more likely to experience declines in activities of daily living. And that's something we want to keep in mind. That if I am or someone I know is now living by themselves, it's so easy to slip into isolation unless you're active, unless you really have some action with networks in your community. She also found that people that are lonelier develop difficulties with upper extremity tasks. And what that often means is that in real life they are just not doing things the way they used to. Particularly if they are bereaved, you know, if their partner/spouse died, they might not any longer exercise because they're bereaved. They might be depressed experience declines in mobility, difficulty in climbing and it is associated, this is the thing that I thought was most important in terms of the literature, is that lonely older adults tend to have an increased risk of death. That doesn't necessarily translate into they die by suicide but it's almost like a failure to thrive. And we want to be aware of this.
I like this quote very much by Ashley Montagu. He says, “Whether clear or garbled, tumultuous or silent, deliberate or fatally inadvertent, communication is the ground of meeting and the foundation of community. It is, in short, the essential human connection.” So what we get from this is that we must communicate. We must talk to one another. And so with that in mind and I always apologize to those of you that are introverted because you’re not like this. But I’m an introvert. When I’m not working, I’m introverted but working I have to be extroverted. But what I’m going to ask you to do, I want to look at this table that where you’re sitting and I want you to ...and also look to people near you and I want you to take a little bit of a risk and look around and I want you to say “hello” to someone you do not know. If they happen to be at your table you can speak. But get up and say, “Hello” to somebody.

Audience noise.

[Video edited.]
Patrick Arbore: If I can have your attention again. I just want to draw your focus to the energy of communication. It's very contagious, you know? And it does something physiologically to us. And it also does something to our brain. We don't know that that 3 pound organ up here is really, you know, kind of coming alive inside. It is online now. And it's really important that we look at the energy that gets triggered by greeting somebody. Hello my name is Patrick. And, and when one person talks we want to listen completely. Most people don't listen. That has been a lament that I've heard on the Friendship Line since 1973 when we started the program to today. That is what people say when they call us. And in the month of April we had between 9000 and 10,000 incoming and outgoing calls in the month of April. And we have a lot of volume and most of those people, I would say 90% of them, are people who are lonely, you know, or some transition. They have entered into. Maybe it is a result of, you know, again someone dying or maybe a partner/spouse has developed symptoms of cognitive impairment memory loss. You know, and so there's something about that that we want to keep in mind that we need to make sure we're listening.
Because listening is important to connections. And as I've said for many years connections are what bind us to life. And it really helps to know that I have not only someone I can talk to but I have somebody that I can also listen to. Listening and speaking are part of the same process called communication but it also brings vibrancy into the community. And what you often hear this phrase is 90% of being human is showing up. I know Kelsey and I are very grateful that you showed up here this morning. But we would’ve carried on anyway. So, Mary Pipher is a wonderful author in this book, “The Shelter of Each Other,” I highly recommend that particularly in terms of community. Because we must have a sense of community if we are going to stay healthy. And she writes, “relationships are not disposable, people matter.” And that's all we want to be aware of as we age. Think about that neighbor down the block or down the street or who lives in a more rural part of the county and, and stop and say, “hello.” You haven't seen them in a while. You know, that’s part of being a neighbor. That’s part of living in community. Where I live in San Francisco I live in a little apartment complex and when somebody leaves or moves in I want to go over and say hello and go and knock on the door. You know, 40 years ago people were like, “Hi, you are a neighbor blah, blah, blah”. Now they say, “What do you want? Are you soliciting or something?” “No, I'm your neighbor. I'm just going to say hello.” They're not too happy about that. And we’ve got to think about. What's happening in our communities? If we are living in fear, fear of our neighbors and we got it think about that.
Connections

According to Mary Pipher (The Shelter of Each Other)
- Relationships are not disposable; people matter
- If we live only in our heads, we will be estranged from ourselves and others
- We can strengthen our connections through communicating and listening to one another

Relationships are not disposable. She also says that if we live only in our heads we’ll be estranged from ourselves and others. And, and that’s what I meant by Robin Williams and people like that, you know, who are really up here all the time, not here [hand to heart]. We need to come down about an inch or two. And, and start connecting with our heart with other people. You know we can strengthen our connection through communication and listening to one another which is very important. So listening, we just need to acknowledge that because if we are going to be healthy and help others stay healthy, we need to be able to pay attention to what I’m doing when I have the opportunity to be the listener.
Stephen Covey that some of you are familiar with, very big in terms of communication circles, says that mostly what we do is that we don’t listen. We just kind of ignore. We’re really not listening. We’re thinking about other things. We’re watching our clocks, surreptitiously. We’re looking at what we are going to pick up at the Safeway for dinner. Or we pretend, “Yeah, right,” “You know. “ Some of you might’ve picked up on that with your adolescent children when they were in their, you know, rebellious stage. That they were just “huhhing” you but they were not really participating. Or we’re selective, we only hear parts of the conversation. We don’t listen to everything. And we are justified by saying, “Oh well mom just does this and she goes off on a rant or whatever.” And we’re missing though we’re missing the emotional content with in the words. We need to listen more than just vocabulary. We want to listen for the emotion. So a better approach is to be attentive. Paying attention to the words being said. Let me hear the words and then empathetic listening, which is listening with the intent to understand. Empathy. As I was preparing for this talk last week, I was thinking about that in terms of what is the feedback that I hear most often from people. And I’m not any more special than anybody in this room, but I’ve learned how to listen and I listen with empathy because I want to get a sense of how are you feeling.
I do a lot of traumatic loss grief work and it’s crucial for individuals to feel that somebody is understanding. You know, some researchers say it, it may be more important to be understood than to be loved. That understanding seems to be so critical these days. So we want to if we are going to age in a healthy way and we want other people, our peers to age in a healthy way, we’ve got to really look at communication both the speaking as well as the listening. You know and again, researchers think that few people are good listeners.
About 75% of oral communication is ignored. You know, misunderstood, just not even thought about. Speakers words go in one ear and out the other. I also teach I'm teaching a class tonight in Belmont. And I say to my students when we get together as I say, “The challenge here is going to be whether or not you're able to listen.” And yet we’re so trained particularly in the last 15 or 20 years not to pay attention because we’ve paid more attention to our screens, you know, text messages, email than we do this. That is why I wanted you to at least acknowledge people at least extend yourself to say, “Hi my name is Patrick. Who are you?” Because we need to practice this more. Little screens are not going to cut through our deeper feeling of loneliness. Because we need this [leaning in to audience member]. We want the energy of this. Because that's very stimulating. Everything else is more of an intellectual exercise. And that's not going to be as helpful.
“The world suffers a lot. Not because of the violence of bad people, but because of the silence of good people.” You know, part of what I try to inspire us, as not just older people, but younger people as well because younger people, you know, what's happening to you? You're getting older. Aging isn't just reserved for people 60+. We’re the only people that age. No, you know, infants age. They turn one and everybody gets excited. They turn 80 and we’re a little bit depressed.

Audience laughter

**Patrick Arbore:** And that we need to think about that.
So we want to pay attention to self-empowerment. We really needed to participate in life and to talk about what it means to be 50, 60, 70, 80, 90. We need to talk about that. You know, according to Paul Irving in his work, “The first step to take toward self-empowerment is to recognize the prevalence of ageism.” Just like sexism and racism, homophobia, ageism can really inhabit us as older people to participate. And, and it's very real.
You know, Robert Butler in his Pulitzer prize-winning book,... How many people know Robert Butler? How many of you have heard of him? One person. Robert Butler was such a pioneer in the field of aging. He coined the term ageism in this book. It is the only book written on aging that has ever received a Pulitzer prize. And it's “Why I Survived Growing Old in America.” Even my gerontology students I'll say Robert Butler's name, they are like, “Who is he? Is he a singer?” And what we need to be familiar with is history, particularly by groundbreaking individuals who said, “Hey it's time that we really allow ourselves to be aware of what it means to grow old in America.” And, and, and again, he coined the term ageism. And he said, “Ageism is a process that reflects a deep-seated uneasiness on the part of the young and middle-aged. A personal repulsion to and distaste for growing old, disease, disability and fear powerlessness, uselessness and death.” Ageism is a set of beliefs relating to the aging process. And, and I know that many of you have felt that. And again as I said earlier, it comes out in that kind of a way that says you know 60 is the new 40, that 70 the new 50. It is like we can't be ourselves. We have to act like we are somebody else. That's not going to be very helpful as we navigate the aging process. It sucks the soul out of the experience of who we are. It's like you can't be you because of you're you, I the younger person, I'm going to have to acknowledge that I might be you one day and I don't want that. You know that most of us in America live in the Disneyland of aging and that we pretend that we will never have to enter into older age. You know? I think it was Bette Davis. Wasn't she the one who said, “Aging isn't for sissies.” Growing old, I guess that is what she said. Growing old is not for sissies. And, and we need to really pay attention to what's going on.
The context, the context in which we live as people in this culture. Ageism promotes the idea that older people are burden. And this can lead to neglect and social exclusion. And when I hear legislators talk about that and start to say things like, “The age clic” referring to the numbers of older people that are moving down the aging continuum. You know, the graying of America. The age tsunami. And, and really underneath that is all this negativity. You know, and we’ve really got to ponder that and take action. And, and really we need to think about it in terms of staying healthy is we need to participate and be involved in civic engagement. What’s happening in Sacramento? What’s happening in your counties? And really look at are there people that we’re voting for that are positive about aging. We need to pay attention to that. Ageism can reduce older people self-esteem, reduce their participation in society and restrict the types and quality of services available to them. You know part of staying healthy is understanding what it is we’re up against. You know and we’re up against a society that doesn’t value older people and we need to change that and we can. And it starts with allowing ourselves to learn, you know, what’s really going on in our culture. Ageism has been described as prejudice against one’s future self. And that’s from the author of that New York Times article and I urge you to read that. She really hit upon some really powerful issues. Ageism has been described as prejudice against one’s future self. And then I look at the stats in terms of depression. Depression is one of the most common ailments of older people.
I look at suicidal ideation. Dr. Kassebaum from the Arizona State University says that, suicide is in the back of most older people's minds. Thoughts about ending it rather than what am I going to leave as my legacy. How can I inspire younger people to not hold ageist attitudes? You know, why do people look at us and devalue us? I walk along the streets when I travel to other places and that now, it's like, even worse because everybody's looking like this. They are on a screen. And they're not paying attention. Yes.

**Audience member:** [inaudible]

**Patrick Arbore:** And I totally agree. And I think what we have to do is to participate with them. Now they're not going to like that too much at first. But we want to get to our kids and, you know, say to our 40-year-olds, “Hey, when you're having a gathering do you invite older people? Do you have friends who are older?” You know, we need to really there needs to be a whole paradigm shift in terms of integrating older people and younger people.

**Audience Member:** [inaudible]

**Patrick Arbore:** I agree. I think all of that needs to happen as well.

**Audience Member:** [inaudible]
It would be easier if we got involved with people who needed us. Absolutely on our 24-hour Friendship Line we have volunteers and students, many of whom are in their 20s 30s and, and it's an opportunity for them. And I say to them this is so great that you're here because you can really allow yourself to communicate with older people. And so we want to look in our communities and see what's available in terms of working with and helping other older people. And I think that's step one. I think step two is, we need to integrate younger and older people into every facet of our community. And what we tend to do and certainly in the last 30, 40 years is to segregate older people. And so my mother would have probably never tolerated having her mother go live in a gated community. And I'm not saying gated communities aren't healthy or having her mother live in assisted living, that probably wouldn't happen. But times were different then. But we want to save what was positive. And, and certainly we need to grow through things that weren't. But I think we have to look at our relationships with our are older parents or grandparents and just wonder what that's like. I see with my daughter-in-law, her great grandmother just died about six months ago at the age of 105. And it was only in the last two years that she really declined dramatically and needed really a lot of lot of care. But her daughter, the hundred and five-year-old daughter, is 86 and she has some memory loss and they have a lot of gatherings and what I realized one of these gatherings that I sit with her.
And, and yeah she repeats because she has a memory loss and I say to her, when she knows what I do for a living, and I say to her, “Do you mind if I mention when you have told me something? Do you want me say that you told this already? And she said that I would be really helpful. But then I noticed that people all say hello to her, very respectfully, but don’t sit with her. And we have to really figure out how do we integrate older people into our daily lives.
And allow our children and grandchildren or great-grandchildren to feel some sense of connection with somebody even if they have some memory loss. It’s going to be a challenge because it is what we are to seeing more and more down the road. And Susan Jacob in her book, “Never Say Die: The Myths and Realities of the New Old Age,” unless we find a cure for Alzheimer’s disease, dementia more and more of us are going to have symptoms of dementia as we get older because age is one of the critical risk factors. But does that mean that...I think what people fear is that they're going to be shut out, you know. This, this...I'll be a burden. And we need to really rethink that. And there's lots of issues related to that but if we’re going to stay healthy is not healthy for me to get older and fear that I'm going to have symptoms of dementia and then I will be a burden. You know? Yes.

**Audience Member:** [inaudible] then you see the daughter she was the fear

**Patrick Arbore:** That is right.

**Audience Member:** But no body but it remains a joke [inaudible]
Patrick Arbore: And know this is being taped but I want to repeat that because that what you're saying is so important. That we see when this does come up with an older parent, for example whom might jokingly say, “If I have cognitive problems are memory lost my daughter will take care of me.” And my daughter sitting there, but as you said, we could see the fear in that older parent’s eyes. And in the daughter will say something, joking too which is “Yeah, I'll take care of you. You’ll live with me.” Whatever whenever. And then we see the fear in her eyes because that is how we look at that particular disease, it is very scary. And then we don't have a conversation, a meaningful conversation, about what this actually means. We need to have that today. You know, we needed to have that 10 years ago. We need to really look at research in terms of finding a cure for Alzheimer’s disease because the longer we live the more at risk we become. So we have to really look at that on many, many levels.
Meisner has done some studies on looking at ageism. And the impact of negative stimuli, that second bullet point, or behavior, negative behavior was much larger than the effect of positive age stereotypic stimuli. What that means is that we are very affected as we age by any negative information that comes out rather than the positive information. We are less affected by the positive information about growing old than we are about the negative information in terms of the empirical evidence based upon this study. Negative traits have more power to shape elderly person’s behavior and self-concepts in stereotyped ways. So what we do is we start to believe, and I’ve had those thoughts too, I start to have that thought...people say to me, “Oh well you’ve been working so hard. You been working for 42 years so you should retire. And I’m thinking are they trying to say I’m too old? Now that is going to make me very angry. And, and yet they’ll say it. Then when I’ll come back to them and say, “I’m just even wondering why you’re talking about that, when I’m not the person initiating that conversation.” “Well you know you’ve worked so hard and blah blah.” And, and it looks kind of like their caring but it is making me upset. Because I’m not interested in retiring. And I’m affected by that. So when you turn on the TV and you see antiaging this, and antiaging that, you know, if you buy this cream and this ointment, you’re what, going to magically transform into... We’re still seeking that Fountain of Youth, rather than again let me be as healthy as I can be. And why do I have to exit daily life because somebody says, “I think you are old.” But they don’t want to say it quite that way. So we have to pay attention to that but I think again for us, for us in this room, we’ve got to remember that I might be affected by negative stereotypical statements about older people. And I think we need to challenge that. Chris.
Audience Member: [inaudible] ...and really this is just part of the human experience.

Patrick Arbore: Absolutely. I think that is the important aspect is that we tend to look at older adults as not part of this experience of what it means to be alive. And we only tend to think it's younger people that are valued. And we have to really look at that. I mean the reality is rather harsh but we have to face that and we have to say, “Let's change it.” If we could say to that daughter when that mother, “I'm wondering if you're afraid as you make these statements?” Or when you hear somebody make an ageist remark, even if it vailed, we might want to make a comment on that and ask them to go a little deeper with that. So I say to my students let's really really pay attention to the underlying message that might be much more strong than the message they're getting because they're covered in some way. There's an interesting study through Facebook by Yale researchers in 2014 had publish this study. Where they looked at Facebook groups and they have something like 80 of them that they were looking so it had thousands of people on Facebook. And that they were looking at groups that had descriptions about individuals age 60 years of age and older. So they were located 80 sites on Facebook that had again thousands of people who were on them. And that how they chose these 80 sites were if there were descriptions of people over the age of 60 they focused on that particular group. And the mean age of the group creators was between 20 and 29 years of age and no one was older than 59. So there was nobody in these groups 60+. But it netted the following results and these are quite sobering stats. 74% of the total descriptions harshly criticized older people, “They do not contribute to modern society at all.” And are just some little excerpts that I took out of the research.
41% of the descriptions referred to physical debilitation, 27% of cognitive debilitation and 13% in both forms of debilitation. An example taken from one of these Facebook sites or groups, “I hate everything about them (old people), from their hair nets in the rain to their white Velcro sneakers. They are cheap, they smell like {expletive deleted}…they are senile… 37% of the descriptions advocated banning older people from public activities. 26% of the descriptions infantilized older people. And this is a study that was just published in 2014. So this is currently how some younger people are looking at older people. And, and I think we have to pay attention to this. It’s very to me very sobering when I hear this, when I read this study. And we want to pay attention to it. And then there was a study done by AARP in terms of the ageism in the workplace. And approximately 2/3 of workers ages 45 to 74 state that they have seen or experienced age discrimination in the workplace. Of those a remarkable 92% of people in this study stated that age discrimination is very or somewhat common. And, and we have to again, ponder that, those of you that might still be working or working part-time or even volunteering that sometimes younger people get threatened by your experience.
because I understand that the brain's processing speed may slow down and retrieval of thoughts may take more time simply that wear-and-tar theory of aging. That's going to happen I know that some of you have had bad experience or know people that and it's nothing to cause distress it's just part of the process and what we have done in our society which is very different than my parents or your parents that isn't we have so much stimulation. There's so much information coming art us. Constantly, you know, we’re besieged by it whereas in the past when I was in high school and college I would go to library, you had to get yourself there and you where there for six hours or whatever it was and then you went home and there was no more stimulation pounding at you. Now you just have to go to your laptop and Google it and you're there for hours, you know, and it's hard to turn off. So we want to be educated, but we don't want to be overwhelmed and that's tricky know, but this is what is so cruel your brain never stop growing now. There are so many vacant, you know, brain cells and I say to people and people say “well how can you remember me if I die because you work with so many older people” and I said “I have brain cells right now that are flashing vacancy.” I can I can fill that in there, you know, we’ve got billions of these brain cells, yeah we lose some, but the brain continues to grow. What, what brain scientists, scientists say is that the average brain could really functioned quite well up until like 120 223 but it's not the brain that necessarily kills us it's a disease that kills us. So we want to pay attention that.
The older brain maintains its capacity to change its structure according to learning or exercise demand. So you know we can do those of you that do crossword puzzles or who that kind of thing, who read, who have discussions with all of this learning center, you know, what we're doing is stimulating the brain, you know. We’re, we’re housing information generally in terms of our short-term memory and then over time it goes into our long-term memory, but we wanna do is discuss, talk, you know, have opinions is very important.
Your reasoning and problem solving skills get sharper as we age. We are much better at reasoning that young people and these problem-solving skills get sharper, why? Because we have experienced we know what doesn't work and we know what does work. Those of you that are continuing in the workforce have been with my program for 42 years and so I have learned a few things and it's always tricky when I have younger people come in in leadership roles in the program and they'll say all this try this. How do I not squelch their enthusiasm, but remind them that in the 42 years we tried that three or four times and it never worked and I doubt that it's going to work, but if you wanna do it, but just be aware of history. We need to pay attention that. Middle-aged and older adults are less physically and emotionally reactive to interpersonal stressors than younger adults. Very much to our advantage, you know, which is we don’t react so physically and emotionally to stimulation, you know, because of experience now with kind of have those kinds of other issues they just came up again and people say to me, “Patrick you are so calm when there's a crisis.” and I said” well it I know that's deceptive, but I've been through crises before and I've learned how the kind of pay attention to it, you know. I don't react, I respond our social intelligence keeps expanding, you know. This is the good news now that I can read the situation, you can read a situation much more clear than when you were younger because you have more experience. Priorities become clearer, language skills continue to improve. Yeah we might not be able to think of that word or you know, that author or whatever immediately, but I know you notice this experience three hours later it pops in and I say “thank you.
You were three hours too late, but now that the wear and tear” So the aging brain and emotional well-being maintains or improves with age. Good news, important news emotional well-being maintains or improves with age we can tolerate. You know, we can find solutions because we’re really good problem solvers and, and this is a problem because when we look at how many older people are depressed. How many people are anxious? How many people are taking Xanax as needed and are taking a host of other medications to sedate them. You know, pain pills which they probably don't need you know or other kinds of hypnotics or sedatives. We need to pay attention to that all those medications are affecting our organs particularly our kidneys and our liver because all the toxins in their have to be eliminated. We want to look more behaviorally. I say to my, my Dr. at Kaiser “Don’t quickly give me medication.
Talk to me about other options diet, exercise, whatever. I just want to hear that I wanna hear from you because I'm in the field of aging and it’s going to annoy me really annoying if you just tell me to take this medication. Why bother exercising? I would like to try that you know.

**Audience Member:** I said that to a doctor when I came back to the United States. I went to the doctor and all he wanted to do is give me pills and I said, “I won’t take any.” And he said, “Why not?” And I said, “Because I won’t learn anything.” And he said, “Why did you come?” “I was hoping you could tell me what to do to get well.” And it’s like I was speaking a foreign language.

**Patrick Arbore:** See I think again what you are saying in terms of the doctors saying, “Here take this medication for whatever the issue is” and you say to the physician, “Hey I came here because I want to learn something more about this and are there other options?” And he's kind of surprised. And, and that was even when you were younger and I think we have to really have to ponder this and, and really let the physician know, this is where a lot of us don’t stay healthy because we don’t engage our primary care physician in terms of I want to know about this disease because the more knowledge I have the better and maybe I need a second opinion. My God that's like having World War III because some physicians, you notice when you say “I just want a second opinion.” “What you don’t trust me?” and I say “I don’t like that. Don’t try to create his emotional jeopardy. I don't like that. You know, is I think it’s my right as a consumer to talk to other people. I want to know. I want to learn. I’m not my mother. Sadly and unfortunate she just listened to whatever they said you know and I think we have to work more collaboratively. Somebody else had a comment?
Audience Member: [Inaudible]

Patrick Arbore: What she is saying again is in medical school, you know practitioners, medical practitioners, are really taught about how do you solve this problem is they have an arsenal medication rather than combining knowledge about pharmaceuticals with behavioral interventions. So when will that change that's, that's a problem, but what we see in terms of the stats is that there are I think the last time I read an article about geriatricians we were about 17,000 geriatrician short and that was about 15 years ago. A more recent article said there were about 34,000 geriatricians short and if you're in a rural community forget it. There may not be a geriatrician within 100 miles depending upon if you're in Plumas County or you know, what is up there in Crescent city or Humboldt. And, and that's a shame, but part of what's driving this this issue in terms of geriatric practitioners is money because when people graduate from medical school, and have an ordinate amount of debt and so instead of going into geri... geriatrics, what they do is in order pay those loans they go the specialties because they are going to get more money and they'll be able to pay those loans off so we have to.... Again these are things that we have to really look at, but the other side of this coin is that I know many older adults when they go to see their primary care physician they expect a prescription; so it's a two-way street that as the older consumer I expect that I'm going to get or have my medications tweaked in some way and the practitioner expects the number to give you a script and we have to really educate us about “have we looked at other things.”
I just have to give you this example somebody that has a type II diabetes and that is a someone that I have met over the years and he’s very, very overweight and I said “How long have you been treated for diabetes?” and he said “About two years” and I said “Well how are you doing with the food program?” and he said “I love Denise and I love Denise because you can have bacon wrapped up in anything and I just love those big slam or whatever the name of those breakfast are and I said “But I would think that you're not able to eat that.” and he said “Well that's why I have Metformin which is the medication and instead of taking 1500 Metformin, I’ll take 2000 when I go to Denny's and eat these breakfast.” and he said “That’s why there is medication, Patrick.” And I was like “Oh my god.” You know, it's really, we have to educate ourselves, you know. Educate, but not to see it as a punishing thing; we need to see it as a way for me to stay healthy, but if I'm 70 and I've been diagnosed with whatever just like Robin Williams at 63. The diagnosis of Parkinson's is like, “That’s it. I’m gone.” Well we’ve got to learn “How can I be as healthy as I can be even though I’m going to have something as I age. I might have to juggle a number of things, diseases, but why not do it in a healthy way and doesn't life mean something?” that's really the bottom line. Is does your life have meaning and will increase with meaning or do we look at turning older like “That’s the end.”
You know, who’s gonna be interested in me and that’s internalized ageism. We learn from our experiences, this is what Eric Erickson referred to as wisdom. He talked about the, the, you know, getting older as this that the, the challenges wisdom versus despair you know and I think a lot of people just despair. That's how depression can grow, suicidal ideation can grow and I'm sure there are people in this room who have said to themselves, “If I get that, you know, that Alzheimer's disease, hey it's all over.” And, and it's like your comment that you might say that in front of family members and they are kind of think it's funny, you know, and then people use this kind of “I’ll shoot myself.” I don’t think that's fun. I think the person is really trying to say something which is “I'm scared,” but nobody responds you know. And so that feeling of isolation, that feeling of being a burden increases, you know.
So how do we avoid disease and visit disability in one word, activity. You know, you got to do things even if our body resist us. That's where we could use a, a, a occupational therapist or a PT, a physical therapist. You know, people, a chiropractor; we need to extend our options in terms of who can help me understand, “What's going on with my body? What is it that I can do and where do I have to have a limit.” Vicki Shaw, Dr. Vicki Shaw was a colleague of mine from Portland. What she says is that we also have to educate PTs and OTs just like you're saying about physicians in terms of how to work with older adult population. Is that when an older person says, “It's too much.” I say “Got it, let's go slower.” You know, but a lot of times PTs and OTs will say “Come on, you can do it. You can do it.” and dr. small says “Wait a minute, you got to trust that older person and how they're interpreting their body.” It doesn't mean don't do it, what it means is doing at a slower pace. There's nothing wrong with that, but oftentimes you get PTs and OTs who are looking at certain standards and they're saying “well most older people can do at this level.” well older people are not myself, you know. We are all unique and our bodies are unique you know and we need to trust that and say to whoever that is, “Hey, there's a limit here.” Any relationship, and I say this all the time, any relationship whether it's with a, a, a medical practitioner or a health practitioner whether its your spouse or children or neighbors, three ingredients that are going to make any relation more effective is having good boundaries, respect, and above all honesty, above all honesty.
And let people know and when people question me and I say, “Hey this is my truth... this is I can tell my body is saying ouch here and I’m not making that up.” It’s okay to believe me because I’m gonna tell you the honest to god truth, you know, I believe in that. Truth, honesty is very, very powerful. So being active, nearly 1/2 adults age 55 and older engage in at least some form of light, moderate, or vigorous leisure-time physical activity. This is good, how many of you do at least walking? That you try to do some kind of walking and some of you might be doing other things as well, but walking can be really helpful as long as it’s not some organic problem there and so you need to be able when somebody says, “Why don’t you get out and walk?” Well if there’s a problem there you need to be able to say “Well I got a problem with sciatica or whatever it might be.” And, and it’s okay to talk about that.

**Audience Member:** [Inaudible]

**Patrick Arbore:** Right, that’s the other thing.

**Audience Member:** [Inaudible]
Patrick Arbore: That’s right they are starting to see that older people aren’t just sitting on a rocking chair and more they want to go skiing, you know. They want to be involved in other activities. older what is it… the over 50s soccer team, you know they have that for both for men and women. And the only downside is, as I probably said before, is that one gentlemen I see he’s 62 and he’s in the over 50 league and he said to me when I asked him, “What is important to you. What, what has meaning for you?” And he said, “Being able to play soccer.” and I said, “Why I can see with your knee. You’re having a little trouble here.” And he said, “If I can’t play soccer, I’m gonna kill myself. That’s the day I’m going to kill myself.” And he kind of chuckled and he said “Isn’t that funny?” And I said, “No as I said to you a minute ago, that’s not funny.” I said, “I think you’re trying to say something, but if the only meaningful experience in your life is soccer and you’ve got a wife and adult children there’s something out of balance here, you know? And I think you’re trying to tell me that some part of your life isn’t functioning well.” But that is harder to talk about as, you were saying and we have to have those harder to talk about conversations. If we’re going to be healthy, you know. It just feels liberating to be able to say “I’m worried about this, Can I talk about it?” And sometimes just talking about it is all I need to do, you know, or I might need to talk to somebody who understands aging issues. Good, let’s go and use them. A combination of lack of physical activity and poor diet is the second highest underlying cause of death in the US. That is so important for us to pay attention to which is the combination of lack of physical activity and poor diet is the second highest underlying cause of death in US. We need to ponder that, we need to think about what we eat and, and how much of it we eat.
So again, regular exercise improves existing diseases and disabilities and older people—exercise improves mood and relieves depression. So again, I’m not talking about, “Let’s all go run around this golf course;” I would collapse, you know, just at the thought of it I’m gonna collapse. But if it’s like, “Can we take a walk now on a regular basis?” And you’ve heard this many, many times, but you probably haven’t heard that other side of it. So what we want to do is to again is see that activity can help reduce or prevent cancers, heart disease and diabetes, and other disabilities. It is never too late for some activity, never too late even if it’s just standing and going like this are lifting your arms, you know; it doesn’t have to be a whole regiment. I’m not saying, “Let’s sign up at the gym now” and then go there and have to deal with whatever one does. I don’t know, I don’t go. I’m a poor one to talk about, maybe that’s really great, but you won’t catch me in a gym, but you’ll catch me walking through Golden Gate Park and, and that can be important.
Continuing involvement with life is the other factor that we want to talk about. And, and I said to Kelsey I said, “We'll take a short break around 11 so that you can stand up.” Cause sitting too long is not good for us. So why don’t we take a short break.