

LIVE WELL WORK WELL

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HELPING PAYS OFF People Who Care for Others Live Longer

Older people who help and support others are also doing themselves a favor, according to a new study. An international research team has found that grandparents who care for their grandchildren live longer on average than grandparents who do not. The researchers conducted survival analyses of over 500 people between ages 70 and 103 years, drawing on data from the *Berlin Aging Study* collected between 1990 and 2009.

Researchers compared grandparents who provided occasional childcare with grandparents who did not, as well as with older adults who did not have children or grandchildren but provided care for others in their social network.

The results of their analyses show that this kind of caregiving can have a positive effect on the mortality of the caregivers. Half of the grandparents who took care of their grandchildren were still alive about ten years after the first interview in 1990. The same applied to participants who did not have grandchildren but supported their children in some way, such as helping with housework. In contrast, about half of those who did not help others died within five years of their first interview.

The researchers were also able to show that this positive effect of caregiving on mortality was not limited to help and caregiving within the family. The data analysis showed that childless older adults who provided others with support also benefited. Half of these helpers lived for another seven years, whereas non-helpers only lived for another four years on average.

“But helping shouldn’t be misunderstood as a panacea for a longer life,” says Ralph Hertwig, Director of the Center for Adaptive Rationality at the Max Planck Institute for Human Development. “A moderate level of caregiving involvement does seem to have positive effects on health. But previous studies have shown that more intense involvement causes stress, which has negative effects on physical and mental health,” says Hertwig.

Universität Basel. “Helping pays off: People who care for others live longer.”
ScienceDaily. www.sciencedaily.com/releases/2016/12/161222094834.htm (accessed December 27, 2016).

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HOW THE NEW YEAR Affects Your Healthcare Plans

For some insurance plans, the beginning of 2017 signals a new plan year. For individuals with these plans, this means that any changes made to health plans and new deductibles will take effect on January 1, 2017. It is important to keep these changes in mind when you or your family seeks out healthcare. You should also be on the lookout for things like changing prescription drug coverage limits or copay amounts. In addition to reviewing your policy, you can follow these simple tips to be a wise healthcare consumer in the coming year.



- Consider using generic prescription brand drugs when possible.
- Shop around for the lowest rates before visiting a doctor when you can.
- Visit the emergency room for true emergencies only.
- Opt for outpatient care instead of inpatient care when given the choice.

NATIONAL BLOOD DONOR MONTH Saving Lives One Donation at a Time

Since 1970, National Blood Donor Month has been celebrated in January. Historically, the winter season is one of the most difficult times of the year to collect enough blood products to meet patient needs. While whole blood donations are the most common, you can also make platelet, power red, and plasma donations.

Donated blood is used for blood transfusions. The people who benefit from your blood donations include:

- Patients suffering from severe trauma following disasters and accidents
- Patients receiving surgical treatments and some medical treatments, including cancer patients and patients with sickle cell disease
- Women suffering from pregnancy complications before, during, and after childbirth

Making the decision to donate blood can help save a life, but not everyone is eligible to donate blood.

Please visit <http://www.redcrossblood.org/donating-blood/eligibility-requirements> to see if you meet the requirements to donate blood to ensure both your safety and the safety of recipients



MANY CERVICAL CANCER DEATHS Could Be Prevented with Cost-Effective Interventions

Every year 800,000 women die of cervical and breast cancer, and where a woman lives will largely determine her chance of survival. Two thirds of breast cancer deaths and nine-tenths of cervical cancer deaths occur in low- and middle-income countries (LMICs). While some diagnostic and treatment services, like mammography and radiotherapy, may be unaffordable in LMICs, several proven, high-impact, cost-effective interventions exist to tackle these common cancers and have the potential to prevent hundreds of thousands of deaths every year. Yet these interventions are often not available.

The authors of a new three-paper series, published in *The Lancet*, say that country-led efforts to tackle breast, cervical, and other women's cancers in LMICs have so far been woefully inadequate, and call for international efforts to end preventable deaths from breast and cervical cancer.

"There is a widespread misconception that breast and cervical cancers are too difficult and expensive to prevent and treat, particularly in resource-poor countries where the burden of these diseases is highest. But nothing could be further from the truth. This series clearly shows that high-impact, cost-effective interventions exist for countries at all stages of development. Recent estimates suggest that a basic cancer control package could be introduced in low- and middle-income countries for as little as \$1.72 per person – equivalent to just 3% of current health spending in these countries," explains series leader Professor Ophira Ginsburg from the University of Toronto, Canada.

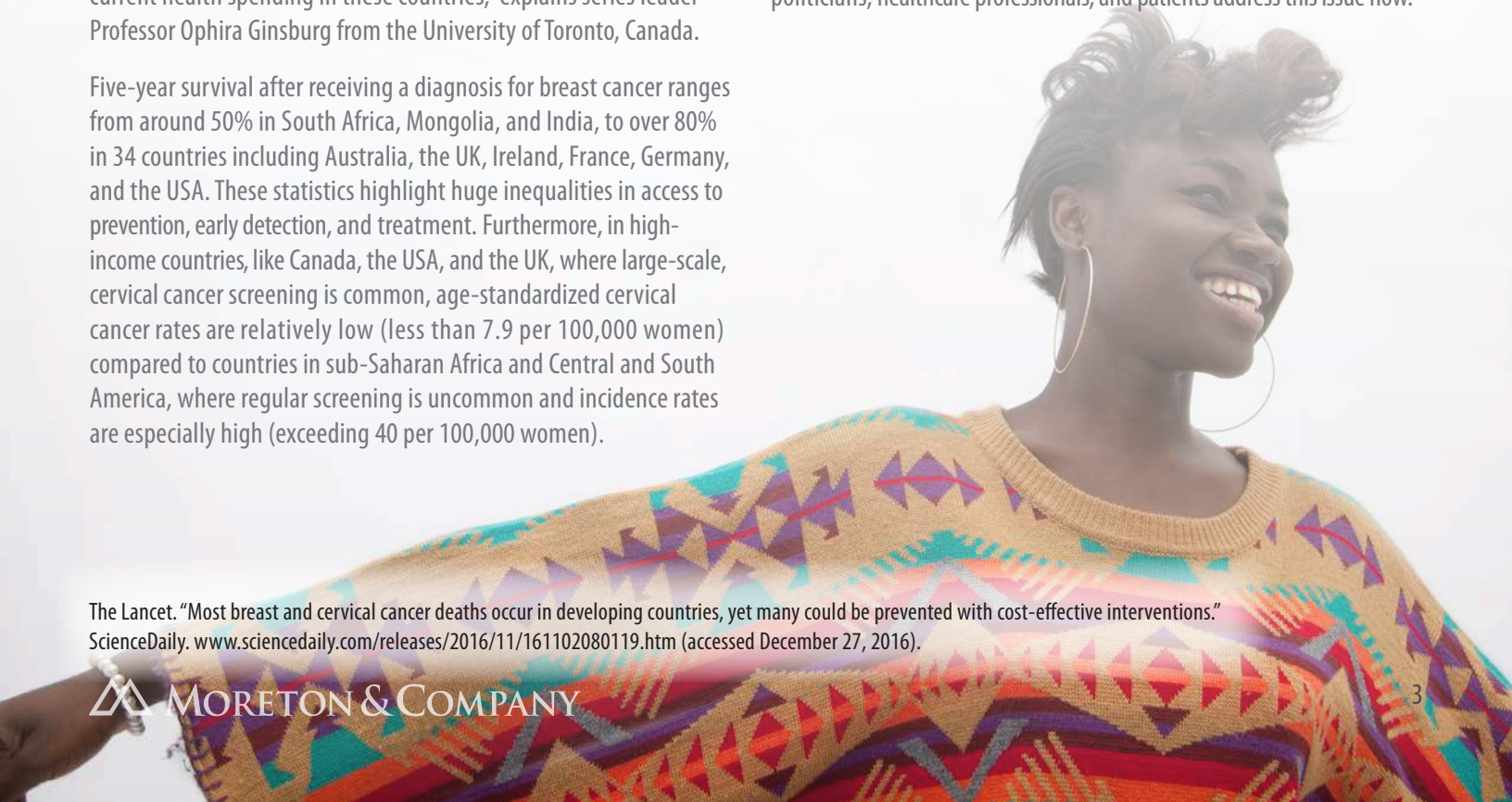
Five-year survival after receiving a diagnosis for breast cancer ranges from around 50% in South Africa, Mongolia, and India, to over 80% in 34 countries including Australia, the UK, Ireland, France, Germany, and the USA. These statistics highlight huge inequalities in access to prevention, early detection, and treatment. Furthermore, in high-income countries, like Canada, the USA, and the UK, where large-scale, cervical cancer screening is common, age-standardized cervical cancer rates are relatively low (less than 7.9 per 100,000 women) compared to countries in sub-Saharan Africa and Central and South America, where regular screening is uncommon and incidence rates are especially high (exceeding 40 per 100,000 women).

Breast and cervical cancer are not inevitably fatal and can be prevented and treated, say the authors, particularly if they are detected and treated at an early stage. "With many competing health priorities in low- and middle-income countries, services for women's cancers are given low priority and allocated few resources. But there are several low-cost, feasible interventions that do not require specialized care in hospital[s] or massive capital investment, and which could be integrated into existing health-care programs," explains co-author Professor Lynette Denny from Groote Schuur Hospital, University of Cape Town, South Africa.

According to co-author Richard Sullivan, Professor of Cancer and Global Health at King's College London, UK, "The global community cannot continue to ignore the problem—hundreds of thousands of women are dying unnecessarily every year, and the need for affordable access to cancer care is projected to increase in the coming decades, as many of the poorest countries face rising rates of cancers.

"Not only are the costs of essential cancer services for women lower than expected, but scale-up of diagnostic, surgical, and treatment services are a highly effective investment compared to the devastating economic cost to countries, communities, and families incurred by the serious shortfall in cancer care. This situation could be turned around by 2030 if the international community, policymakers, politicians, healthcare professionals, and patients address this issue now."

The Lancet. "Most breast and cervical cancer deaths occur in developing countries, yet many could be prevented with cost-effective interventions." ScienceDaily. www.sciencedaily.com/releases/2016/11/161102080119.htm (accessed December 27, 2016).





NEW YEARS RESOLUTIONS: Lifestyle Changes vs. Quick Changes

One of the most common New Year's resolutions is to lose weight, which can be a beneficial goal to work towards. Unfortunately, many people look to fad diets and weight-loss products to achieve their goals quickly. While fad diets may prove effective initially, research shows that many people don't find long-term success with these types of diets.

In many cases, setting a goal to lead a healthier lifestyle is more beneficial to your health than setting a goal for rapid weight loss. Some good healthy-lifestyle New Year's resolutions include:

Exercise Regularly: Any exercise is better than none. To avoid overexertion, start where you are and work your way up to the recommended amount of exercise: 150-300 minutes of moderate exercise, or 75 minutes of vigorous aerobic activity each week. Try adding strength training exercises of major muscle groups at least twice a week for optimal results.

Maintain a Well-Balanced, Healthy Diet: Try to eat a variety of fruits, vegetables, whole grains, protein-rich foods and healthy fats. Make it a goal to incorporate more fruits and veggies into your diet.

Increase the Amount of Sleep You Get: One of the best ways to become healthier is to get enough sleep. Try to get at least seven hours of sleep, the expert-recommended amount, per night.

Another way to set yourself up for success in setting your New Year's Resolutions is to set goals that are specific, measurable, attainable, realistic, and time-bound - also known as SMART goals - to increase the odds you will stick to it.

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JANUARY RECIPE

Simple Green Smoothie



- 1 cup kale or spinach
- 1 medium banana
- 1 cup coconut or almond milk
- 1 cup plain Greek yogurt
- 1 medium apple, cored and sliced
- 1 cup frozen fruit of your choice
- 1 Tbsp. chia seeds (optional)
- 1 Tbsp. flax seeds (optional)

In a blender, blend the kale or spinach and milk. Add in the remaining ingredients one at a time, blending after each item. Serve cold. Reserve the leftover smoothie in the refrigerator for later in the day or the next day. The smoothie should be consumed within 24 hours.

Yield: 2 Servings. Each serving provides: 278 Calories, 6 g of Fat, 50 g of Carbohydrates, 3 g of Saturated Fat, 120 mg of Sodium, 7 g of Dietary Fiber, 11 g of Protein, and 36 g of Sugar. Percentage daily values are based on a 2,000 calorie diet. Source: USDA

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