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LIFESTYLE MAGAZINE FOR SENIORS

WINTER 2021

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An Interview with John Clark

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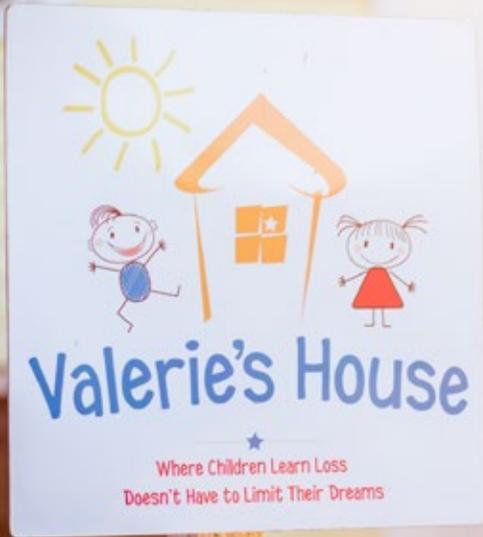
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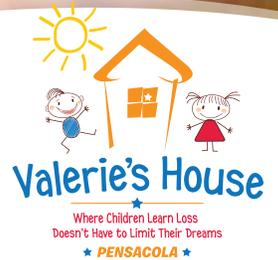


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[FROM THE EDITOR]



Josh Newby
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How does one properly recognize a leader, a mentor, a titan of this industry who has been here 47 years? I'm speaking of course, of our own John Clark, who has been president/CEO of Council on Aging of West Florida for longer than I've been alive (a fact I jokingly remind him of frequently). John announced his retirement to the board and staff a few months ago and since then, we have been frantically searching for the right method of paying homage to an individual who has literally helped shape senior social services across this entire state. He has been integral in legislative discussions, upending useless regulations and fine-tuning programs and services; yet, he also always found time to provide individual care to elders right here in Escambia and Santa Rosa counties. How do you pay tribute to all of that? Name the place after him? Give him a plaque? Draft a county or city proclamation? Everything seems wildly inadequate or too generic.

But then we realized, the true recognition is all of you, our clients. As he enjoys his retirement, his legacy will continue to unfold through the tens of thousands of elders and caregivers whose lives he has improved over the years. The programs we execute will continue to bear his influence, even as they serve people who may not know him personally. His life

and his impact will continue far into the future, though his name is removed from the masthead and a new person takes his place at the helm. He will never be forgotten, and we'll make sure John Clark remembers each and every one of you, too.

On a lighter note, this month we are providing a topline overview of those services John Clark pioneered and how to navigate the process to get signed up. We'll also provide a retrospective on our Rat Pack Reunion fundraiser, which this year took its final bow. Finally, some information on an exciting—albeit controversial—new Alzheimer's therapy, a review of our own Foster Grandparents program and some of the COVID-related challenges it has faced, and a resource for housing grants in the area.

If you see John out and about, thank him for what he's done; write him a note and send it to us; or say a little prayer for us as we navigate the coming months. Until next time, enjoy life – you've earned it. Reach out to me personally at 850-266-2507 if you wish to discuss anything here. Thank you for reading.

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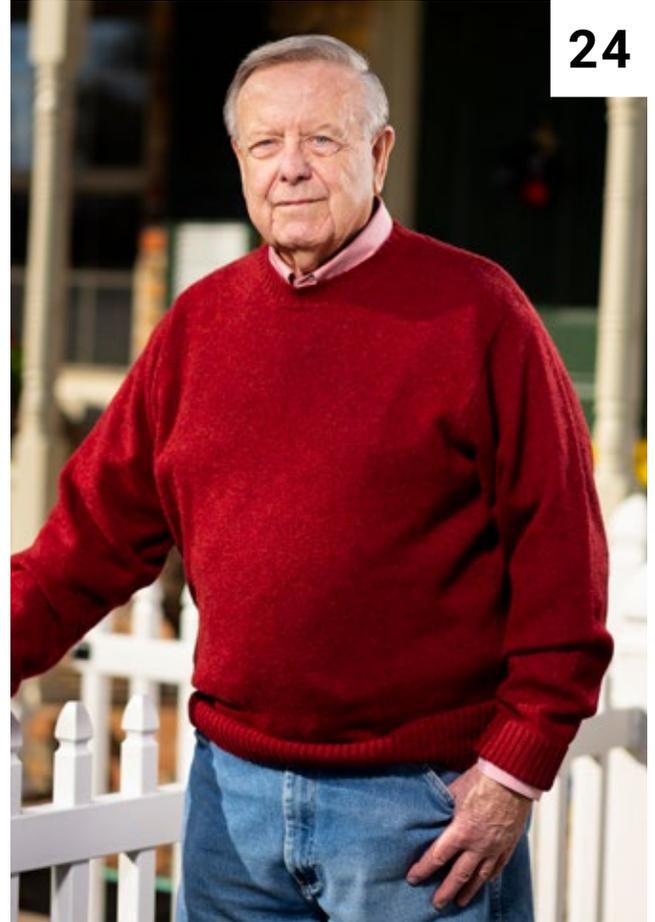
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photo by Guy Stevens

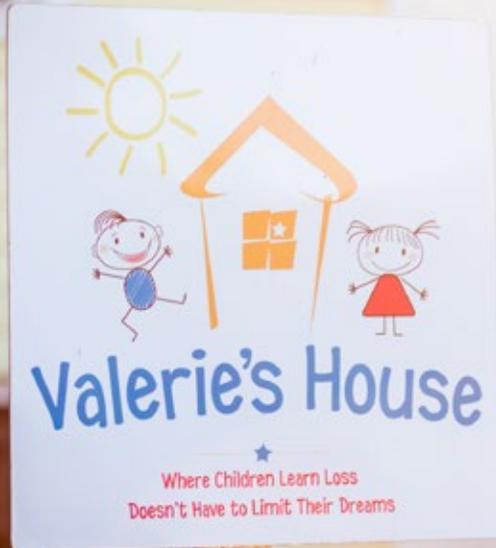
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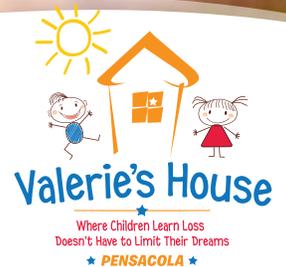
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Well, It's a Wrap

by John B. Clark

After 47 and a half years I am concluding my time as CEO of the Council on Aging of West Florida. And to sum up all the old (but true) cliches: it does NOT seem possible, has it really been this long, where did the time go, it seems like only yesterday, it's hard to believe it has been that long, and so on. On top of all that this is my last official advocacy column for Coming of Age. Throughout the years, my advocacy articles have almost always touched on the topic of some type of legislative issue or challenge impacting elders in need of assistance. Usually discussing the need to provide adequate funding to serve an ever-growing elder population with critical and, yes, vital home- and community-based services so they could enjoy a decent quality of life in the "twilight of their years." Yes, I have always provided that advocacy from the perspective of my role as CEO of the Council on Aging. While in just a few short months I will no longer be providing advocacy on topics from that perspective, my role as an advocate does NOT end. In fact, it may expand. How so?

Well, anyone who "cares" about social justice issues and other issues affecting the quality of life for the least among us should, in my opinion, be an advocate. The truth is if you or I are not affiliated with a company, an organization, or business we can have much more freedom and flexibility in terms of our advocacy. Just because I will no longer be the CEO of the Council on Aging does not mean I plan to stop my advocacy. I can still write personal letters on social issue topics of concern to me; e.g., letters to the editor, letters to legislators be they local, state or federal, letters to friends encouraging their support of those topics I find important and so on. As an advocate I can call legislators and ask they vote a certain way on an issue of concern to me. I can work on political campaigns by calling or writing and asking people to vote for those candidates I believe support those social justice issues I believe in, something which one is constrained to do if affiliated with some organizations or businesses. No, we do not lose our freedom of speech just because we are



associated with certain organizations, BUT we do have an obligation to that organization to be supportive of their official positions or concerns. So, no longer being CEO of Council on Aging will allow me more freedom on many advocacy issues--I do not see my role as an advocate diminishing but expanding with greater flexibility. I still want to advocate for all those who are the least among us, be they young, old or disabled. People who are wealthy and powerful will always have advocates--in most cases they are called lobbyists. Yes, some special interest organizations do hire lobbyists to promote and advocate for some social issues. However, as someone who worked with and for agencies who have as their mission improving the quality of life for all citizens, I can assure you that the lobbying done by those organizations does not amount to a pimple on an elephant's behind when compared to what those with money, power and influence can buy. Therefore, individual advocates must help fill that gap. That is what I plan to do in continuing my advocacy on MANY issues.

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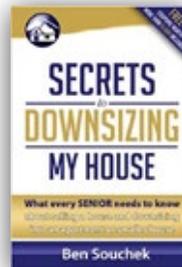
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JUST TELL ME HOW TO GET HELP!

By Josh Newby



Sometimes it seems that receiving public assistance is difficult almost by design. Surely the seemingly endless string of referrals, conflicting advice, and hard-to-understand vocabulary was cooked up by a bureaucrat with an axe to grind and a job to (not) do. I know it seems that way because I myself have trouble sometimes navigating the complex web of care management and care solutions in the state of Florida. And while we at Council on Aging do not pretend to be experts on every facet of social assistance in the state, we are here to help when it comes to elder needs.

First, what even is an elder in this state? For purposes of in-home assistance such as Meals on Wheels, companionship, homemaker, respite, etc., elders are those 60 and older. As we age, some lose the ability to perform activities of daily living such as meal preparation, toileting, bathing, clean-up, etc., so the state and federal governments assist those individuals in-home, because frankly it is less expensive than institutionalized care.

At Council on Aging, we provide those services. Unfortunately, that's where it also gets a little tricky. Many people call us because they justifiably think we can get them signed up. We have to refer them to the Area Agency on Aging 850-494-7100 for that process. The assessment is done over the phone and takes about 45 minutes. At the end of that assessment, you're assigned a score from one to five. If you are a four or five, it means your situation is so dire that you are at risk

of institutionalization and you are placed near the front of the line. If you are a one or two, to the back of the line you go. The line is 60,000-people-long, but it's important to note that your place in the line is determined by your need. Calling tomorrow doesn't necessarily mean you will be placed behind someone who calls today.

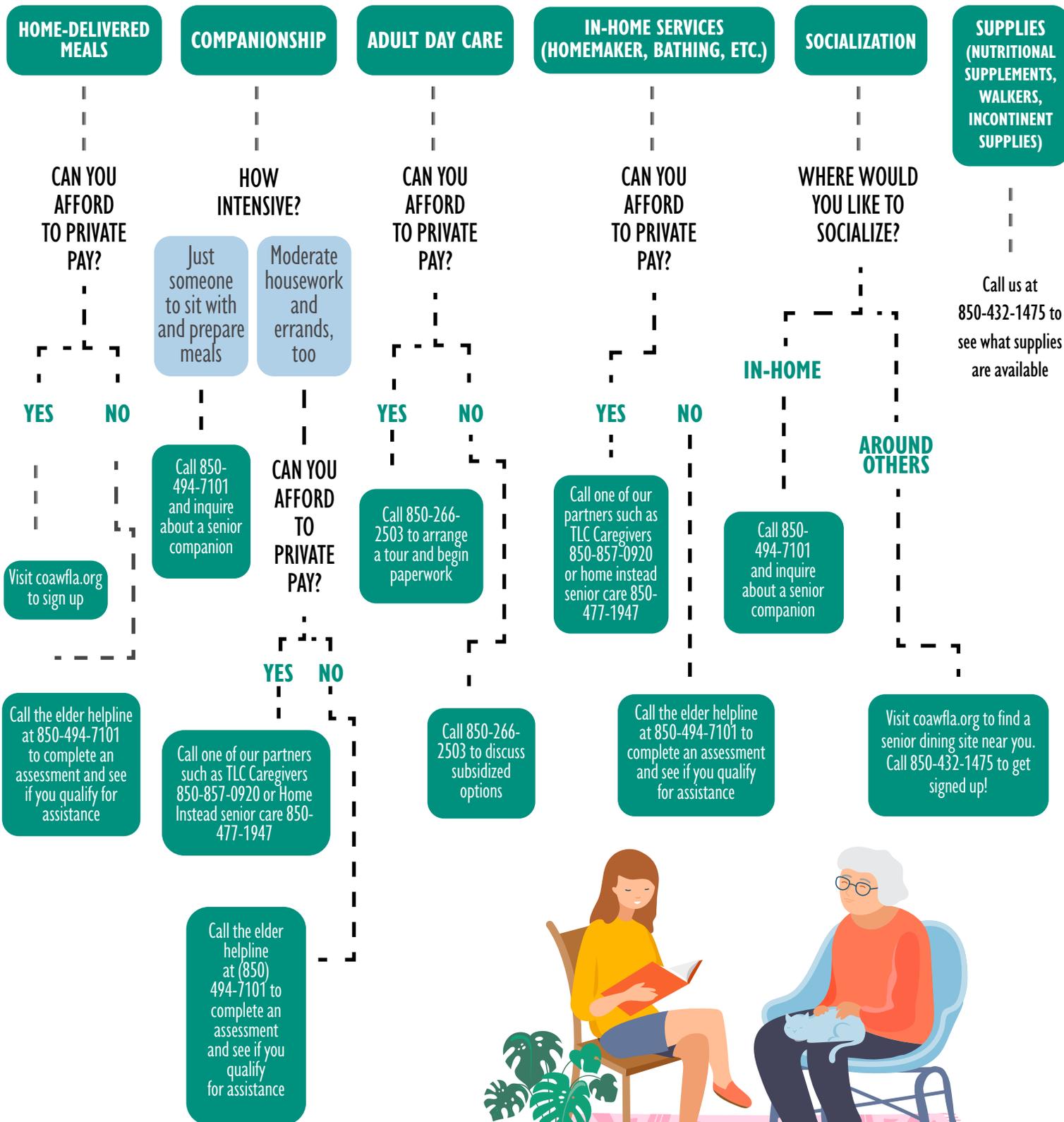
When you do eventually come off the waitlist, congratulations! You will be referred to us and assigned a case manager who will meet with you and determine a care plan and services. Similarly, if you were a one or two when you called the Area Agency on Aging, but your situation has worsened, you can call back up and do a re-assessment.

There are private pay options for those who can afford it, and those individuals can often receive services quicker than those waiting for public assistance. Not surprising. Also, there are some services we offer, such as senior dining sites and The Retreat adult day care, for which the onboarding and assessment is done "in-house" here at Council on Aging. So you see, it is a bit complicated, but we promise it's not by design. It all has to do with the various funding mechanisms in place to get you the help you need.

If this still does not make sense, don't worry: you're not alone. Check out the flowchart and see where that leads you. If you are still confused, give us a call at 850-432-1475 and we will try to walk you through it. The journey to a better life and in-home care may not always start with us, but we can get you pointed in the right direction.



WHAT KIND OF HELP DO YOU NEED?





PRESERVING YOUR HOME AND INDEPENDENCE

Home Improvement & Repair Programs for Seniors

BY MORGAN COLE

One's home provides a strong sense of security and comfort—this is especially true for older adults. But a troubling reality is that, according to AARP, about 19 million elderly adults are living in homes that are in disrepair or inadequate for their needs and are unable to access the necessary resources to make their homes livable.

As people enter their senior years, they often find themselves living on a fixed income. Because of limited funds, it can often be difficult to pay for unexpected home repairs or updates. Making your home safer and more accessible can help reduce the risk of falls, prevent accidents and increase your level of independence so that you can remain living in your home as long as possible. Making updates or needed improvements to your home can also reduce energy usage, which in turn helps to lower utility bills.

The good news is that there are many financial assistance programs and grants available to help senior citizens with home repairs and modifications. We have compiled a list of grants and funding sources that provide home repair assistance to eligible seniors. Although this list does not cover all types of available funding sources, it does provide a good starting point to elderly adults in need of financial assistance for much-needed home repairs, updates or modifications.

Pensacola Community Redevelopment Agency Residential Property Improvement Plan

The City of Pensacola's Residential Property Improvement Plan (RPIP) was established to encourage reinvestment in Pensacola's historic urban core neighborhoods, address deferred exterior maintenance and preserve affordability for residents within designated Community Redevelopment Areas. Eligible property owners within identified target areas may apply for consideration for the Residential Property Improvement Program. Property owners may receive up to \$35,000 in construction rehabilitation assistance in the form of a deferred loan (no payment required) that will be forgiven in full at the expiration of the loan period.

To be considered for the program, individuals must complete the

pre-eligibility application online through the Emerald Coast Regional Council Website. For program details, eligibility requirements and information on the application process, visit ecrc.com/programs. Rehabilitation activities include structure cleaning, exterior painting or re-siding, doors and windows, roofing, exterior lighting, fencing, porch repair or replacement, foundation work and shutters.

USDA Rural Development Program (RD 504 Loan Program)

This program provides loans and grants to low-income, rural homeowners through the United States Department of Agriculture, which can be used to make home modifications for elderly or disabled residents to improve safety and remove health hazards. This includes projects such as remodeling a bathroom to allow wheelchair access,

walk-in bathtubs, construction of wheelchair ramps and the widening of doorways or hallways to permit easier access. Both grant funds and loans are available. However, grants are only given to those who are elderly and considered unable to repay a loan. If an applicant can repay part of a loan (as determined by income assessment), they may be awarded a partial loan or partial grant.

To qualify for a USDA Rural Repair and Rehabilitation Grant, homeowners must be U.S. citizens or legal permanent U.S. residents and at least 62 years of age. For both the loan and the grant, applicants are required to live in rural areas of the country, which are typically defined as an area having a population of fewer than 10,000 persons. The maximum USDA Rural Development Grant amount is \$7,500 and the maximum loan amount is \$20,000, with a repayment period of up to 20 years. Loans have a fixed interest rate of 1 percent, and loans and grants can be combined for a total of \$27,500 in assistance. Applications for the program are accepted at your local Rural Development year-round. For complete program details and application eligibility requirements, visit rd.usda.gov/programs or find a Rural Development office near you at offices.usda.gov/locator.

Habitat for Humanity Aging in Place Program

Habitat for Humanity's Aging in Place efforts aim to help older adults make the repairs and modifications necessary to remain in their homes with comfort and dignity. The organization's person-centered approach uses two types of assessments to determine eligibility and tailor its process to meet each homeowner's specific needs:

1. A home repair evaluation by a construction specialist from the local Habitat organization.
2. A functional survey, completed in coordination with a local human services professional. During this conversation, the homeowner discusses their activities of daily living, such as bathing, dressing and eating, as well as how they pay bills, clean their homes, communicate with others, run errands and manage any medications they take.

The assessments, which consider everything from the resident's lifestyle to type of home, allow Habitat to address the needs of elderly adults holistically, improving the likelihood they can age in place. The organization completes person-specific home repairs and modifications such as widening hallways, installing grab bars, constructing accessibility ramps and updating flooring. Habitat also connects elderly adults with social services to address age-related issues including health, isolation, hunger and lack of transportation.

For eligibility requirements and for more information on the Habitat for Humanity Aging in Place Program, visit pensacolahabitat.org or contact the Pensacola Habitat office at 850-434-5456.

Santa Rosa County Housing Department Rehab & Emergency Home Repair Program

The Santa Rosa County Housing Department works with the HOME Federal Assistance Program and the State Housing Initiatives Partnership (SHIP) Program. Both provide financial assistance to low-income families for home repairs. The program focuses on utilizing state and federal funding to improve housing conditions and increase homeownership opportunities for the underserved in our community. This program does not serve as a remodel program and is designed strictly to address safe or sanitary repairs and/or needed

corrections of building code violations such as old wiring, asbestos, lead paint or smoke detectors. For more information and full eligibility requirements, visit santarosa.fl.gov.

Emergency Home Energy Assistance for the Elderly Program (EHEAP)

The Emergency Home Energy Assistance for the Elderly Program (EHEAP) assists low-income households, with at least one person 60 years of age or older, when the households are experiencing a home energy emergency. A home energy emergency may result from a delinquent utility bill, lack of fuel or wood or the receipt of a disconnect notice. This program distributes payments to eligible individuals for home heating or cooling and other emergency energy-related costs during the heating (October-March) and cooling (April-September) seasons. Eligible households may be provided one benefit of up to \$1,000 per season. Payments are distributed directly to the vendor or by a two-party check to the vendor and client for electricity, natural gas, propane, fuel oil, kerosene or wood.

Program beneficiaries may also receive vouchers to purchase blankets, portable heaters and fans. The program can also help pay for repairs to existing heating or cooling equipment or for reconnection fees. For complete program details and eligibility requirements, contact the Northwest Florida Area Agency on Aging located at 5090 Commerce Park Circle in Pensacola, or visit nwflaaa.org/programs.

Escambia County Wheelchair Ramp Program

The Wheelchair Ramp Partnership Pilot Program helps Escambia County residents maintain independence and eliminate physical barriers by providing wheelchair accessibility to their homes. Volunteer agencies such as Council on Aging of West Florida, Pensacola Civitan Club, Pensacola Habitat for Humanity and Ray of Hope of Northwest Florida provide volunteers to construct a new ramp

or repair an existing ramp, while the County provides staffing for the application intake and Community Development Block Grant (CDBG) funds for the ramp materials. Ramps are provided at no cost to the applicant and are provided in the form of a grant. For complete program details and application eligibility requirements, visit myescambia.com.

Habitat for Humanity Wheelchair Ramp Program

Pensacola Habitat for Humanity offers a Wheelchair Ramp Loan Program for homeowners who reside in both Escambia and Santa Rosa Counties. Approved applicants make affordable monthly payments, based on the household's income and expenses to cover the cost of expenses to build the ramp.

Like the Escambia County program, the Wheelchair Ramp Program at Pensacola Habitat for Humanity also aims to help residents maintain independence and eliminate physical barriers by providing wheelchair accessibility to their homes. Pensacola Habitat for Humanity has a Wheelchair Ramp Assistance Loan Program for homeowners in the form of a loan to pay Pensacola Habitat for the cost of materials and the cost for a contractor if volunteers are not available to build the ramp within a reasonable time frame. For more information on the Pensacola Habitat for Humanity Wheelchair Ramp Program, visit pensacolahabitat.org.

CALL ME GRANNY: SENIOR VOLUNTEERS HELPING AT-RISK KIDS

by Farrah Hale • photos by Guy Stevens



The Foster Grandparent program is a hidden staple of the Escambia and Santa Rosa county communities. The program's group of dedicated volunteers operate behind the scenes as they quietly help students in classrooms, Head Start programs, and after-school care programs across the region. Foster Grandparents can choose which program to participate in and spend their time helping students with worksheets, homework, lesson reinforcement, and perhaps most importantly, behavioral challenges.

Just around the corner, at Longleaf Elementary in Escambia County, the Foster Grandparent program from Council on Aging has helped multiple generations of students. Longleaf Elementary first implemented the program more than 15 years ago. Unfortunately, regardless of the program's impact, Longleaf currently only has enough volunteers to have one Foster Grandparent in their pre-k program and one in a first-grade classroom. They need more.

Troy Brown, the principal of Longleaf Elementary, emphasized the importance of the Foster Grandparents, especially now, after COVID-19 has changed everything.

"A lot of these students—the majority of them are behind and they've lost a lot of ground, and they have a long way to go to get back on grade level," Brown said. "Some of them are more than one grade level behind."

That's why Foster Grandparents are so essential—they help propel these students in the right direction.

Like most of us living in this untracked and dismantled time, young children, especially students, experience the same burdens of the world on their shoulders as adults. These kids do not know how to process the ever-changing world around them. Parents and teachers can only do so much. Believe it or not, the Foster Grandparents help to navigate these emotions adding an extra layer of comfort to the students.

"If you have a kid having a bad day, not necessarily with academics, but the stress of life, sometimes that grandmotherly presence is helpful," Brown said. "I mean, how did you feel when it was time for you to visit your grandparents?"

A quick breakdown of how COVID-19 altered the lives of Longleaf Elementary pupils:

- The spread of COVID-19 exposure spawned a remote learning option accepted by households that would otherwise send their children to brick and mortar schools.
- Volunteers and Foster Grandparents were not allowed in schools during the 2020-21 school year.
- Many children have fallen behind due to the problematic shifts from remote to in-person learning.
- The rapidly changing times have put pressure on our young community, causing unneeded stress.

“You don’t have to know a lot; you just have to be there,” Donna Marfil, a ten-year veteran of the Foster Grandparent program said.

Recently, Marfil was teaching the four-year-old students at Longleaf to write their names.

“It’s very rewarding,” she added. “They love you so much.”

The pandemic displaced all of our lives. In the beginning, we did not know what was going to happen. Yet it is notable that for the volunteers of the Foster Grandparent program, their concern was not for themselves, but for their students.

“I was scared to see my kids,” Marfil said. “I was scared to see my grandkids. It was so lonely.”

She was excited to return to Longleaf at the beginning of the 2021-22 school year. However, the Delta Variant changed those plans. After a week or two at school, she was told to stay home. She wasn’t allowed back at the school until the newest wave of the virus subsided. Eight weeks later, she was back in the classroom and eager to work with the kids.

Marfil’s work as a Foster Grandparent brings her just as much joy as it does the students. She needs the children just as much as they need her. They keep each other on track. They give each other purpose.

Both Marfil and Brown highlighted the behavioral issues with the students



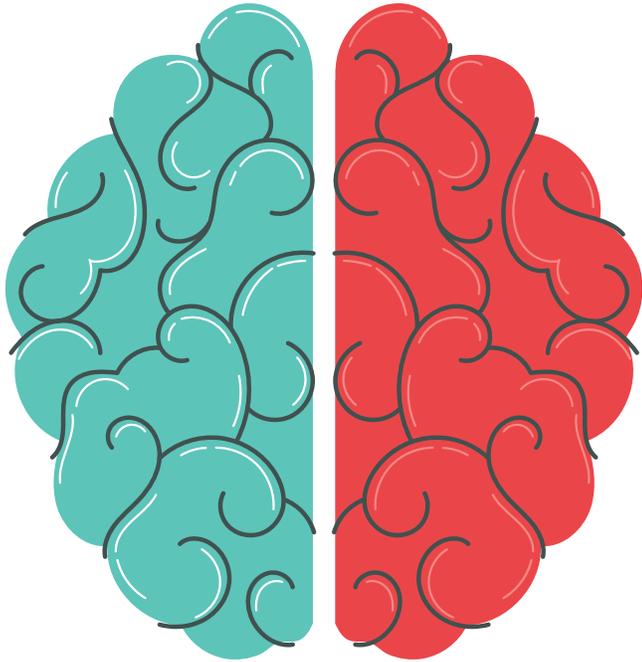
since their return to school. The students need comfort, they need help and they need someone they can rely on to show up for them. The Foster Grandparents are the perfect solution. The only problem—there are not enough of them.

Brown says that there were five Foster Grandparents when he started at Longleaf; now there are only two. Navigating this pandemic is difficult for everyone, but our future—our young community—is experiencing a dilemma.

If you are interested in the Foster Grandparent program, visit the Council on Aging of West Florida’s website at coawfla.org. Foster Grandparents receive a small stipend, supplemental insurance, help with transportation and meal costs and an annual physical. To qualify, you must be 55 years of age or older, living on a limited income and be able to commit to 20 volunteer hours per week. For a household of one, annual income must not exceed \$25,520 and households of two must not exceed \$34,480.

A CONTROVERSIAL NEW TREATMENT FOR ALZHEIMER'S

by Kelly Oden



In June of 2021, the U.S. Food and Drug Administration (FDA) granted conditional approval to the first new drug formulated to treat Alzheimer's in nearly 20 years. The drug, Aducanumab, is sold under the brand name Aduhelm and it is the first drug proven to remove the amyloid proteins that build up in the brains of Alzheimer's patients, providing a brief slowing of disease progression but by no means a cure. While this sounds like exciting news, the drug is under scrutiny due to conflicting clinical trial data and lack of peer review as well as the controversy surrounding the FDA's approval and the massive \$56,000.00 per year price tag. To learn more about Aduhelm, we spoke with Dr. Ethan Gore, Medical Director for the Memory Disorder Clinic at Medical Center Clinic's Neuroscience Center in Pensacola.

Tell me about Aduhelm. Why is it so controversial?

The reasons for the controversy are multifactorial. Number one; it's super expensive. If everybody for whom this medicine is indicated were to actually receive the medicine, it would bankrupt Medicare. Number two; there was an expert panel that was assembled by the FDA to advise the FDA on what to do. When this product came to them for review, the expert panel said, "Don't approve this yet. We don't have enough information." When the application to the FDA was complete, the FDA approved it against the advice of their expert panel and the reasons why haven't really been clarified.

Can you explain the mechanism of action of this type of medicine?

Nobody really knows what causes Alzheimer's disease, but it's associated with an abnormal accumulation of proteins in the brain. There are two proteins that accumulate—tau and amyloid. We don't know if these proteins cause all of the problems in Alzheimer's disease or if there's something else underlying that causes neuro-degeneration and the accumulation of these weird proteins. It's called the amyloid hypothesis, and it is still very much a hypothesis. The first problem in Alzheimer's disease is the accumulation of amyloid protein. We find that amyloid accumulates in the brain way earlier than

people start having any cognitive problems and way earlier than they start to have an accumulation of tau protein. People who have amyloid in their brain are more likely to develop Alzheimer's disease later.

This medicine is an antibody. You get the antibody infused into your veins, and the antibody goes and sticks to amyloid. When it sticks to amyloid, it gets the attention of the immune system and says, "Hey, come over here and destroy this thing that I'm stuck to." And the immune system does that. We know from Positron Emission Tomography (PET) imaging that it's excellent at removing that protein, but that doesn't make you think any better. It looks like it probably slows down the progression of cognitive decline by about 20 percent. That's over the year and a quarter that the study was done. So, how does this affect somebody who's been taking it for five years? We don't really know. We could extrapolate that they would be 20 percent less impaired than somebody who got a placebo, but we really don't know. Eli Lilly and Company is developing a new drug with a similar mechanism. It looks like it slows progression of cognitive decline by 30 percent. That study is actually published in the *New England Journal of Medicine*.

What are the side effects?

Thirty percent of people have some sort of side effect on the medicine. Usually these



side effects get better if you quit the medicine. The main side effects are headaches (18 percent), dizziness (5 percent), concentration problems (5 percent), and depth perception problems (2 percent). Those side effects occur because the medicine can cause some brain swelling. We expect it to cause some brain swelling because it's getting your immune system to come in and remove that protein. When your immune system is cleaning up this protein, there is going to be some swelling, so 30 percent of people will have symptoms of swelling. Usually those side effects get better if you quit the medicine. In rare cases, some side effects will not go away. If you have confusion, it may not completely go away if you quit the medicine. But you should bounce back a good bit. There is one rare but dangerous side effect. There were approximately 1,000 people in the active arm and 1,000 people in the placebo arm. Four of those in the placebo group had a brain bleed. Six of those in the active group had a brain bleed. Brain bleeds are more common in people with Alzheimer's disease. These are big brain bleeds. They might cause right-sided weakness, inability to speak, left-sided numbness or walking problems. And that does not go away if you quit the medicine. It's like you had a stroke. So it's less than 1 percent, but that's a serious side effect.

THIS MEDICINE IS AN ANTIBODY. YOU GET THE ANTIBODY INFUSED INTO YOUR VEINS, AND THE ANTIBODY GOES AND STICKS TO AMYLOID. WHEN IT STICKS TO AMYLOID, IT GETS THE ATTENTION OF THE IMMUNE SYSTEM AND SAYS, 'HEY, COME OVER HERE AND DESTROY THIS THING THAT I'M STUCK TO.' AND THE IMMUNE SYSTEM DOES THAT.



Is this medicine something that you recommend to your patients or is it something they usually ask to try?

Many people don't know about it, honestly. It's not recommended by the American Academy of Neurology or the American Neuropsychiatric Association. It's not the standard of care. And that's because it is controversially approved and the data has not been published in a peer-reviewed journal yet. If a patient is interested in trying it, it's an option. I've given it to five or six patients. I also have several other patients who are interested in it.

Have they seen any benefit?

No, not yet. Nobody's really been on it for that long. In the best-case scenario this is something that you go and get once a month, you have no side effects and that's it. You just assume that it's probably helping you a little bit.

Are insurers willing to pay for this?

The vast majority of my patients are Medicare patients, and they have various supplemental insurance plans. Medicare is currently approving it. That's a temporary decision that they've made. So for now, it's being paid for by Medicare and Biogen, the company that makes it, picks up the difference. The patients that I have who've received it are not getting any bills. That could change. Medicare is supposed to make a decision in early 2022 about their permanent coverage.

Who can qualify for it?

You have to have mild Alzheimer's disease or mild cognitive impairment. Mild cognitive impairment is somewhere in between healthy and dementia. Your brain is not working as well as it used to, so it's not healthy. But people with mild cognitive impairment are still functionally independent.

How do you differentiate mild cognitive impairment from general aging of the brain that may make you a little more forgetful?

There just has to be a decline from their baseline. Your brain is not working as well as it used to. People might notice that they can't remember as well as they used to. Or, a family member might say, "Mom is forgetting words. She's having a tough time remembering conversations. She repeats herself." Then I could confirm that there has been a decline with neuropsychological testing. You come in and we have you remember a list of words, remember stories, draw things, build things out of blocks. We see how your mind is working. It's basically like an IQ test or an abbreviated IQ test. We calculate how your mind is working now. Then we have ways that we can estimate what we call your premorbid intelligence. That's how your brain was working back in the good old days. We estimate that based on your education level and what kind of job you had. We have tests that are sort of embedded into the neuropsychological tests that are really good at estimating your premorbid intelligence as well as tests that are embedded in there to assess the validity of the test—to make sure that you're putting forth a good effort. So we can estimate how your brain was working,

we can calculate how your brain is working now and we can objectively see if there has been a drop off.

Is there a difference between not remembering the right words or a recent conversation and not remembering something that happened 10 or 15 years ago?

If you have trouble remembering new things or things that just happened, then you have difficulty with learning and committing new information to memory. That is most concerning for Alzheimer's disease. If you don't remember things that happened 30 years ago, but you can remember what happened yesterday really well, that's more concerning for things like stress or depression.

I understand that prior to Aduhelm's approval there hadn't been a new treatment for Alzheimer's in more than 20 years. What is the existing treatment?

There are two classes of medicines that exist already for treatment of Alzheimer's disease and to slow the progression of cognitive decline. The first class is made up of three medicines Donepezil, Rivastigmine and Galantamine. These medicines slow down the progression of mild cognitive impairment to dementia and they slow down the progression of cognitive decline in Alzheimer's, dementia and dementia with Lewy bodies. They slow it by about six months. These

are not miracle pills. They don't have a whole lot of dangerous side effects—maybe nausea, lightheadedness, cramps or urinary incontinence. Sometimes they cause drowsiness or decrease appetite. The second class of medicine only has one medication in it. It's an NMDA receptor antagonist called Namenda. Memantine is its generic name. It's only indicated for moderate to severe Alzheimer's disease.

Are lifestyle modifications effective in slowing cognitive decline?

There are only three lifestyle modifications that have been shown to slow the progression of Alzheimer's disease. One is regular physical exercise—getting out of breath and getting tired by working out. That's great for your brain. Two is regular social interaction—talking to people face-to-face that you don't live with is very important. Three is the Mediterranean diet. Notably absent from that list, let me get on my soapbox here, are supplements. A lot of people with cognitive impairment have seen their parents or their grandparents with cognitive impairment, dementia or Alzheimer's. They do not want to go down the same road. They want to remain functionally independent. They go to the doctor and we don't have many great tools to help them. They want to take action. They feel like they have to do something to fight this. The makers of



THERE ARE ONLY THREE LIFESTYLE MODIFICATIONS THAT HAVE BEEN SHOWN TO SLOW THE PROGRESSION OF ALZHEIMER'S DISEASE. ONE IS REGULAR PHYSICAL EXERCISE—GETTING OUT OF BREATH AND GETTING TIRED BY WORKING OUT. THAT'S GREAT FOR YOUR BRAIN. TWO IS REGULAR SOCIAL INTERACTION—TALKING TO PEOPLE FACE-TO-FACE THAT YOU DON'T LIVE WITH IS VERY IMPORTANT. THREE IS THE MEDITERRANEAN DIET.



supplements like Prevagen take advantage of that restless energy. They take advantage of people with cognitive impairment and sell them very expensive medicines that do no good. Prevagen is expensive and it doesn't work. This is a major problem. Elderly people who are trying to save their cognition waste millions of dollars every year. And this is a scam that's no different than calling somebody and saying that they owe back taxes. They're taking advantage of these people. There's no FDA oversight plus big organizations like the Alzheimer's Disease Cooperative Study and the Alzheimer's Therapeutic Research Initiative have actually funded huge studies on these medicines. It takes enormous work and money in a study to demonstrate non-efficacy and complete futility of medicine. They've funded studies that prove that a lot of these don't work. Resveratrol doesn't work,

curcumin doesn't work and turmeric doesn't work. The purported mechanism of action for Prevagen makes no sense. Aquaporin is the active ingredient in Prevagen and there's no way for you to absorb it through your gut. It's way too big. Even if it makes it into your bloodstream, there's certainly no way that it's going to make it through your blood brain barrier. It's not going to get to the target. These medicines have been proven not to work. They don't slow the progression of cognitive decline, so don't waste your money on them. So, in terms of lifestyle changes, I just recommend physical exercise, social interaction and the Mediterranean diet. ●

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THE RAT PACK REUNION

A Retrospective

by Lauren Clark photos by Guy Stevens



THE RAT PACK REUNION is Council on Aging's annual fundraiser that roasts, toasts, and honors outstanding community members while raising money to support elders throughout Escambia and Santa Rosa counties. The average \$150,000 raised from the gala allows Council on Aging to serve more seniors throughout our communities and contribute to elder and caregiver wellness through programs such as Meals on Wheels, our adult day care, senior dining sites and more.

THE RAT PACK ERA

Council on Aging of West Florida is a registered 501(c)(3) organization. As a nonprofit organization, this means that fundraising is a necessity in order to keep the doors open and continue providing services. We live in an incredibly giving community that works to meet a significant number of great needs. Ten years ago, the agency board decided that we needed to do something new to stand out and raise the funds needed to serve.

Longtime board member, DeeDee Davis, is a huge fan of Frank Sinatra and his pack of fellow musicians during in the 1960s. Inspired by the original Vegas Rat Pack, Davis wanted to celebrate Pensacola's local celebrities in a similar style.

The very first Rat to join the pack was Fred Levin in 2011. Who else would we honor as a local celebrity? He was a titan of law, a brilliant businessman, a generous philanthropist and a notorious figure who was as loved as he was controversial. Bravely, Fred agreed to be roasted and toasted (but mostly roasted) by friends, family and colleagues. Longtime friends flew in from all over the country to get a word in and take part in the celebration!

The room was filled with spectacular individuals, from businesspeople and philanthropists to nonprofit professionals. Glancing around the room, it became clear that there were plenty of people to celebrate for their significant contributions to the community.

WHO ARE THE RATS?

Those inducted into the Pensacola Rat Pack boast an array of contributions and notable successes.

2011 - Fred Levin

2012 - Lewis Bear, Jr., Corbett Davis, Jr., Richard McAlpin, Pete Moore, Frank Patti

2013 - Brian Spencer, Teri Levin, Mike Papantonio, Quint Studer

2014 - Larry "Moose" Morris, Jack Nobles, Tom Pace, Jr., Jim Riggsbee

2015 - McGuire Martin, Lumon May, Collier Merrill, Charlie Switzer

2016 - DeeDee Davis, Joe Durant, David Morgan, Ray Russenberger

2017 - Marianne McMahon, Nels Offerdahl, John Peacock, Roger Webb

2018 - Troy Rafferty, Valerie Russenberger, Bob Tyler, Justin Witkin

2019 - Ashton Hayward, Michael Murdoch, Michael Riesberg, Brenda Vigodsky



The following year, the 2012 Rat Pack Reunion inducted five more Rats, with a new tradition set in place to induct four Rats to the pack each year. In the decade-long era of our local Rats, 34 individuals have joined the prestigious ranks. The first female Rat, Teri Levin, was inducted in 2013 and has since been followed by many other influential women.

The 2020 Rat Pack Reunion was unfortunately put on hold due to COVID-19. We intended for the tenth year of the event to be the final and wanted to make sure we celebrated our friends as they deserved. Instead, 2020 premiered Enriching Elders, a new online gala experience. Without the grand evening, we did not expect our Rats to be able to step up and support us at the same level, but we should have known better after all of their years of loyal support. The Rats and our longtime supporters and sponsors selflessly stepped up to ensure that Council on Aging could continue serving the ever growing needs of our community.

THE FINAL CURTAIN

2021 marked the end of an era. The 2021 Rat Pack Reunion was the finale, and it was bittersweet for many. Council on Aging invited all of the Rats to be celebrated once more. After all, they each deserved a celebration for their contributions since we last boasted their work! As the curtain closed on the Rat Pack era at Vinyl Music Hall, our friends made sure we raised a record \$230,000 for our seniors, bringing the Rat Pack Reunion's fundraising total close to \$2 million since its inception. A great deal of these funds have been used for matching grant programs, meaning that one dollar has been leveraged into nine more dollars for programs. This event was intended to celebrate the impact that these spectacular individuals have made throughout our community and it ended up generating an unprecedented impact of its own.

"This Rat Pack Reunion, first established by board member DeeDee Davis, has been revolutionary for our fundraising and



community awareness efforts," President and CEO of the Council on Aging, John Clark said. "The event exposes the area's movers and shakers to our mission, while raising lots of money and stewarding those individuals for future support. It has truly been the perfect fundraising event, but as our first Rat and foremost champion Fred Levin passed away tragically earlier this year, it is appropriate to close this chapter of our development efforts and move on to the next."

We asked the community titans what is next for them. Plans included business growth, economic development opportunities, spending more time with family and taking motorcycle trips. Quite a few responded with a wink and a promise of more surprises to come, and we are inclined to believe that grand things are in store.

Council on Aging looks to a promising future as well thanks to our supporters and friends.

We hope that as one chapter closes, you'll stick around to see what is next. Though the curtain has closed on one venture, know that Council on Aging of West Florida is always ready to fight for you and your loved ones as you gracefully age with dignity. ●



Mr. Clark's Neighborhood

AN INTERVIEW WITH LONGTIME COUNCIL ON AGING PRESIDENT/CEO JOHN CLARK

by Josh Newby

He is known by many names: John Clark, JC, Mr. Clark. Around the state of Florida, he is known as a joker, a great boss, and a titan of the elder services industry. He has transformed how seniors receive care, how that care is funded and regulated, and helped shape the future of social services at nearly every level.

John Clark has been at Council on Aging of West Florida for 47 years, a fact he shares both proudly and a little self-consciously. His career is one of growing the agency from a small one focused on senior sites with a modest budget, to one with dozens of employees, a range of different programs, and an annual budget of \$6 million.

COA: Tell us about your upbringing.

JC: I was born in Maine in 1944. We moved from Maine when I was really young to New London, Conn. So basically I grew up in New London. My father had gone from Maine to look for work in Connecticut because my uncle was president of a union and thought he could get him a job. But my father dragged his feet and my uncle told my mother to bring my family down there as well. I had one brother and one sister. My sister was three or four years older than me and my brother was eight years younger.

COA: How did you like growing up in Connecticut?

JC: I went to Saltonstall elementary school and Buckley junior high school. Then, when I graduated,

several of my friends went to St. Bernard high school, and I wanted to go there too because they were going. We were the class of 1962 and were the first boys to attend because it was previously a girls school. We were the first graduating class of boys. From there, I went to the seminary.

COA: Why did you go to seminary?

JC: The Edmundites were a religious order and they taught at St. Bernard. They also owned a college in Vermont called St. Michael's, which I went to after I graduated. I made friends, not lifelong friends but it was a good experience. When I went to college, I was a year older which meant I had to be isolated from the rest of the student body. Those of us who were older or had gone to a different school were put in a

On a personal level, his friends and colleagues know him as a wealth of knowledge, of course, but also as a trusted friend and confidant, a humorist, a donor, and someone who never takes himself too seriously, even when dealing with very serious matters. John Clark is also a fierce advocate of political causes, feels strongly about community-building and racial equity, and is a lover of all foods Italian.

As John Clark's retirement is upon us (and he may very well have made his final departure by the time you are reading this), he has said that it feels like the period on the end of a very long sentence. We at Council on Aging still have more to add to that sentence, and will for years to come, but for now it is one filled with gratitude and hope.

separate wing of the dormitory. I guess they thought we were going to be troublemakers. I'm not making that up. So I was in that environment for a year. My roommate and I during that year were close. He liked me because I would always clean up after he was out of town.

COA: Tell me about your time in the service.

JC: I was in ROTC for four years, and of course at the time there was a draft. As soon as I graduated from college, you immediately took your oath and you were immediately a second lieutenant. I graduated from college in June and I think I got my orders in August and went to Hurlburt Field to be a missile launch officer.

Mr. Clark's Neighborhood



COA: Tell me about your tour of duty.

JC: Between junior and senior year of college, I went to basic training, which was on Cape Cod. It was like six weeks. Then I went back to finish my senior year before getting commissioned. I was at Hurlburt in 1967; I was only there for a brief period. When I was there, they had an opening to send somebody from my squadron—the 4751st air defense squadron—to University of Southern California's nuclear safety program. Nobody wanted to go because everybody in the squadron was married and didn't want to be away from their wives for three months. It was temporary duty, so they sent me. I spent three months there after driving there cross-country in my 1967 Mustang. I thought I was something else. I finished that, came back to Hurlburt, and immediately got orders to transfer to Tyndall in Panama City. While I was there, I

went to squadron officer school, which was in Colorado. Then I came back to Tyndall, got transferred to Eglin, and then I got orders for Clark Air Force Base in the Philippines. During my time there, I would be assigned to some temporary duty in Taiwan, Thailand and Vietnam.

COA: From there, you left the service?

JC: I was there in the Philippines for 15 months, and then near the end of my assignment there, I requested to be separated from the Air Force. I had been in the service for five years. They discharge you from Travis Air Force Base in San Francisco. Since I knew people in Pensacola, I flew back to Pensacola.

COA: What did you do when you got here?

JC: I went back to school because of the GI Bill. I went to Troy University to

get a master's degree in counseling after getting a place to rent. That took a year at their campus in Ft. Walton Beach, which I drove to every day in the afternoon for four hours of classes. Then I got a job doing information referral for the county for about a year, then the Council on Aging job became available in June 1974.

COA: What did the agency do back then?

JC: We had a small senior dining program, one vehicle for transportation, and we did some outreach and activities. That was pretty much it.

COA: How did the agency grow?

JC: The Community Action Program at that time was the grantee for Meals on Wheels, and we would deliver the meals. After about a year, I requested to the state that we just be allowed to take over the program.

And we did. Those programs gradually expanded. As time went on, we had the opportunity to apply for the Senior Companion, Foster Grandparent and RSVP program. At the time, we were the only agency in the state to have all three programs, and now we're one of the only that has Senior Companions and Foster Grandparents. In 1976, the State of Florida passed the Community Care for the Elderly program, and we were one of the first to implement those demonstration programs, the 24-hour homemakers program, which we did in-house. We had a \$10,000 budget at that time.

COA: You also had a role in the establishment of the Department of Elder Affairs (DOEA), right?

JC: Yeah. While all that was happening, I started getting involved with the Florida Council on Aging (FCOA), and then the Florida Association of Aging Service Providers (FASP). DOEA was established when Lawton Chiles became governor. That was one of his initiatives. At that time, I was president of the Florida Association of Aging Service Providers, so I had the opportunity to be part of the administrative setup of the department. It was new and exciting, you got to meet a lot of new, different people at the state, a lot of politicians.

COA: How have you seen aging services evolve?

JC: Back then, you had more of a direct line with the state office. You could pick up the phone and call the office. You can't do that anymore. You have to go through the channels. This area was one of the last areas to get an Area Agency on Aging, which provides oversight for the service providers and assessments for potential clients. Every other area of the state already had one established. We didn't. One finally got established, and from then on

we didn't have as much flexibility to go straight to the state and bring up issues. You know, there's something to be said about being able to just pick up the phone and call someone. You can't do that anymore, and haven't been able to for some time.

COA: You have some familiarity with these services because you took care of your mother, right?

JC: She decided in the late 70s to come down here to Florida. I got her into the Westminster retirement village, and she was one of the first ones to move in there. She lived there until she passed away. She did live with me briefly when she first came to Pensacola while the apartments were still being built. She was deaf. The thing about it is, it was an interesting experience because of course I had to accompany her to the doctors, which seems like a minor thing but it wasn't. Because she was handicapped and couldn't

hear, there weren't programs back then in the 70s like there are now. So I had to go with her and kind of be the intermediary. She would look to me to be the interpreter. I would take her shopping, anything she needed I would make sure she had it.

COA: Did that give you a different perspective on what you were doing professionally?

JC: Yeah, I think so. I think people have a responsibility to take care of their parents if they can. Problem is, not all parents are nice people, so I can understand why in some cases they don't. But it annoys me when people who are receiving services have able-bodied children. In that aspect, I'm conservative, because I believe children have an obligation to care for their parents if they're able to. But that doesn't mean that they shouldn't get some kind of help, because it's tough.





COA: Tell me about the crises the agency has faced, like COVID and Hurricane Ivan.

JC: Ivan destroyed our office at the time, but that was an example of everything working together fortunately in our behalf. We had to find another place, but it just so happened at that time that we had negotiated with the county for our current building. The plan was to renovate the building, then move in, and have daycare on one side and our administrative offices on this side. Well, we didn't have time for that so we moved into this building and it was a fun time. We had to get a contract and renovate pieces of the building at a time, and then we would shuffle around while they did the other part of the building. That gradually got done. Daycare had to move around, too, so we had to find a place for daycare. At that time, the State didn't have an emergency provision for daycare licences. So whatever location we were going to use to provide

daycare services had to be licensed. Now the state has a provision for such emergency situations. If we hadn't had this building, I don't know what we would've done.

COA: What are your personal interests and hobbies?

JC: I like reading, both fiction and history books. I finished a history book recently on our founding first ladies. I love to read when I get in to bed. It helps me to fall asleep. I like TV, news shows and comedies.

COA: What inspired you to retire and how long had you been thinking about it?

JC: I thought about retiring to be honest with you about two years ago right before COVID.

COA: That would've been good timing.

JC: Well it would've but then of course COVID hit and I thought,

'God I can't leave now and be like, "Good luck." I am exhausted now dealing with the hassles of some of the things we have to deal with. Not the people, but the processes, the issues, and I'll be honest with you, I'm constantly worried about funding and money and staff and services. You know what I'm saying? It gets old waking up at 2 o'clock in the morning, wide awake, and I thought to myself, 'This is just getting out of hand.'

COA: What do you think about when you think back on your legacy? I cannot fathom being somewhere for so long.

JC: I hope I've made life better for elders in Escambia and Santa Rosa counties. And I think I have. I think the services are in better shape. That's hopefully what the legacy would be—making life better for those we're serving.

COA: Did you have an interest in the elderly when you first applied to be CEO all those years ago?

JC: No, it would be dishonest to say I did. I applied for the job and they hired me, and it was presented as largely administrative. I wouldn't say I had a passion, but it was presented to me as administrative. But then as I got into it, you know, I liked what I was doing, I liked the services, I liked the people. Basically, you were starting from the ground up and building something. I got to know a lot of people at the state level and be real active in FCOA and FASP. I got to meet many of the founding mothers and fathers in the network, so that was kind of exciting, having a role in all that. Then, I got committed to it and saw what the needs were. I've always been passionate about the role of the public in taking care of social issues and those we help. I think the government should play a big role in that, as well as the private sector.

COA: What are you most looking forward to in retirement?

JC: I'm going to take it all in, relax, survey my estate. (Laughs). Clean my cat's litter, take a nap, do whatever I want. It'll be interesting to see. I don't want to travel. Look at what you have to do nowadays to travel. I mean, I do have friends around the state that I'll visit, and here that I'll hang out with. I'm not gonna be driving and flying all over the country.

COA: Are there any stories that stand out to you in your time here?

JC: None that I can share. But seriously, I think I've done a good job. I was FCOA member of the year twice. I was president of both state associations. Like I said, I just hope that I left things better than I found them. There were disappointments, too, of course. I think I've met some really great people and we became close friends over the years, including a couple of elderly people, volunteers, board members. I met other people and friends through them, of course.



It's interesting. I've been to New Orleans and Disney World with these people. I was in my late 30s going to Disney World with this elderly woman going through *It's A Small World*. Beat that as a memory.

COA: What do you hope for the future of the aging network?

JC: In the aging network, each part of the network should have its part to play. And I think sometimes—and we're guilty of this, too—each part is not aware of the challenges that the other parts face. I mean this generically: DOEA is not always as understanding of the provider level, the providers are not always as understanding of the AAAs. And I just think that's just a shame. At one time, we used to have regular ongoing

meetings between the Department of Elder Affairs, the AAAs, the service-providers, etc. all over the state. Then it got to the point where you couldn't have these meetings without any state official without invoking the Sunshine Law and you had to advertise it. That changed the character of things. When you don't have that ability to do that, you lose out on something. I think a few years ago, before COVID and all that, the Department had these meetings across the State to find out some of the issues and challenges of each area. Those were very worthwhile. You don't want to be forced to go to a meeting, but it's helpful to have a once- or twice-a-year discussion.

COA: You've mentioned about the period at the end of your sentence. How does that sentence read?

JC: You know, every success we've had has been because of the people—the board, the volunteers, the staff, and of course the clients.



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