



Trending Healthy

September 2025

How Can We Help?

O3A is Much More than Aging Services

O3A has been the primary place for older adults to go for help since 1976, and the word “Aging” in our name has reinforced that we serve older adults. It’s how most people think of us.



But times have changed, and we offer so much more than people know for individuals of all ages. O3A serves **adults over 18 who need help with daily living activities** such as bathing, dressing, and mobility. We offer programs for **grandparents and others raising family members’ children** and an array of services for **family caregivers** of older adults and adults with disabilities. Our **dementia services** include professional and family caregiver training, community programs like Memory Cafes, and in-home assessment and assistance with challenging behaviors.

O3A is now also connecting people to help with **Health-Related Social Needs (HRSN)** such as housing instability and food insecurity-- unmet social and economic conditions that negatively impact a person's health and well-being. HRSN funding is for Medicaid recipients of all ages, including those on Apple Health.

And we’re gearing up for next year, when the first group of people will begin accessing their **WA Cares Fund long-term care** benefits. We’re helping to expand the network of providers, from in-home caregivers to home safety modification contractors and more, and staff will soon be trained on helping people navigate their benefits when needed. Workers of all ages who have been paying into the WA Cares Fund since July, 2023 will be eligible to use those benefits starting in July, 2026 if they meet the criteria. Among those who may need them are younger adults who have a sudden injury or illness as well as older workers experiencing the need for support with daily living activities.

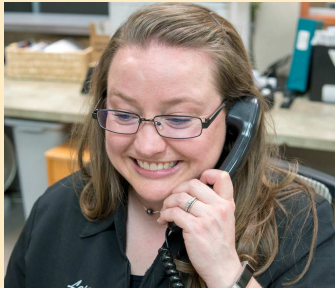
As part of the extensive network of service providers—and one of the largest—in our region, **O3A is the place to start** when you or someone you know needs help. Call or visit your local office to learn more. Visit o3a.org and click on the Local Offices tab to find the office closest to you.

Read on to learn more about Medicare Open Enrollment, fall prevention, World Alzheimer’s Awareness Month, everything you need to know about blood pressure, the WA Cares long-term care fund, and more. We’re especially excited to share a full-length article on blood pressure by Sherry Ainsworth. Let us know what you think--do you like having more in-depth pieces?

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Are you looking for services?

Call us or stop by
to see how we can help.

Clallam County:

Forks Office (360) 374-9496

Sequim Office (360) 452-3221

Grays Harbor County:

Aberdeen Office (360) 532-0520

Jefferson County:

Port Townsend Office (360) 385-2552

Pacific County:

Long Beach Office (360) 642-3634

Raymond Office (360) 942-2177

Or visit our website: o3a.org

September is World Alzheimer's Month

Working to Support Those with Memory Loss and Their Caregivers

About one in three people age 85+ has a diagnosis of

Alzheimer's or other dementia. As our population continues to age, with those 85 and older the fastest-growing segment, the incidence of dementia will also increase.



O3A's region has a population that is older than the state average, with Jefferson County the oldest population in the state and sixth oldest in the nation. There are already many families living with Alzheimer's and other dementia, while resources are scarce. The challenges of caring for someone with memory loss can be daunting: physically, emotionally, and financially. Many people experiencing memory loss, as well as those caring for them,

become increasingly isolated due to stigma.

O3A has been working since early 2024 to create a range of programs that welcome people with memory loss and their care partners, from Memory Cafes to an arts program to a respite program that offers engaging activities to participants while giving caregivers a break. Read on to learn about how we partnered on start-up for our newest program.

Spotlight on Respite: New Ocean Shores Program Provides Activities for Those Living with Dementia, Respite for Their Caregivers

Ocean Shores Friends is a weekly program that offers engaging activities and lunch for those living with dementia, while giving their caregivers a break and some time for themselves. It began on August 12th, 2025 and currently operates one day a week on Tuesdays from 10:00 to 2:00 at the United Methodist Church.

“It was great to see the program launch,” said Bri Buchanan, Dementia Outreach Development Coordinator at the Olympic Area Agency on Aging, which is helping to fund the start-up of the program. “Our four-county region has a much older population than the state as a whole, and we have several areas like Ocean Shores where the majority of residents are over 60. The need for dementia support services is higher here and expected to keep growing, so we’re working to create more services for individuals living with dementia and their caregivers and families.”

“This community has stepped up,” Buchanan said. “The church responded to our notice of funding availability and worked to get the program running. They’ve recruited quite a few volunteers and gotten them trained. IGA provided lunch on the first day of the program, and we’re hoping that other local restaurants or groups may also be able to donate lunches at times to support the program.” She added that anyone wanting to donate lunch should contact the church.

The respite program is organized by the United Methodist Church in collaboration with Respite for All, a nationwide respite program based in Alabama. While the program is held at the United Methodist Church, attendees do not need to be church members or affiliated with any religious group. Ocean Shores Friends is not a religious program. During the 4-hour program, “Friends” are involved in various activities that include exercise, crafts, music, and more. Lunch is provided and included in the cost, which is a \$40/day donation.

Caregivers are at ease knowing their loved one is carefully watched over by a team of volunteers at a minimum 2-to-1 ratio. Currently, there are 24 trained volunteers and four Friends attending the program.

For more information on O3A dementia services, visit <https://www.o3a.org/programs/dementia-outreach/> or contact your local O3A office.



Quick Italian Tomato & Basil Soup

Makes 2 Servings

What could be better on a cool fall day than a bowl of hot tomato soup? This recipe comes from Blue Zones and is chock full of vegetables and beans for a heart-healthy way to warm up.

- Garlic: 2 cloves
- Tomato sauce: 2 cups
- Water: 1 $\frac{1}{2}$ cups
- Canned artichoke hearts: 1 cup
- No-salt canned garbanzo beans: 1 $\frac{1}{2}$ cups
- Fresh basil: 1 cup
- Spinach: 4 cups
- Bread (whole-grain or gluten-free): 2 slices

Optional

- Salt & pepper to taste
- Lemon $\frac{1}{2}$

Directions (15 min • Easy)

1. Peel and mince the garlic. Heat the tomato sauce, water and garlic in a pan. (You can use an immersion blender to make the sauce and garlic chunks smoother.) You may blend the artichoke hearts or add them after blending. Feel free to add more water to reach desired consistency.
2. Rinse and drain the garbanzo beans. Dice the fresh basil and spinach separately.
3. Mix in the shredded spinach and garbanzo beans. Heat until warm throughout.
4. When serving, sprinkle on the fresh basil. Add a touch of salt and pepper to taste and a fresh squeeze of lemon. Serve with a side of toast if desired.
- 5.

Source: Blue Zones Meal Planner

https://meals.bluezones.com/recipe/58d2d650f83f55a2e4efb239?ref=discover&mc_cid=0d0f2235d8&mc_eid=a1128c8791

**Sept. 22-26, 2025 is
Falls Prevention
Awareness Week**

Falls are the leading cause of
fatal and nonfatal injuries
among older adults. Many falls

are preventable.

Read below for ways to reduce your risk.



- Nationwide, more than one out of four Americans age 65+ falls each year. In Washington, about 30% of older adults experienced a fall (2020).
- Falls result in more than 3 million injuries treated in emergency departments annually, including over 800,000 hospitalizations. In 2020, 19,866 Washington residents aged 65 yrs. and older were hospitalized for a fall related injury.
 - People with dementia or Alzheimer's disease accounted for 23 percent of all fall-related hospitalizations in Washington State (2020).
- People with mild hearing loss are nearly three times as likely to fall, with each 10 decibels of hearing loss increasing falls risk.
- The majority (60%) of falls happen in the home, 30% in a public setting, and 10% in a health care center.
- Many medications can increase fall risk. A recent article in the New York Times pointed to increased use of benzodiazepines, opioids, antidepressants and gabapentin –medications that act on the central nervous system and may cause dizziness.

(Source: New York Times,

https://www.nytimes.com/2025/09/07/health/falls-deaths-elderly-drugs.html?unlocked_article_code=1.kU8.AHyg.-tIzof8HTBWv&smid=em-share)

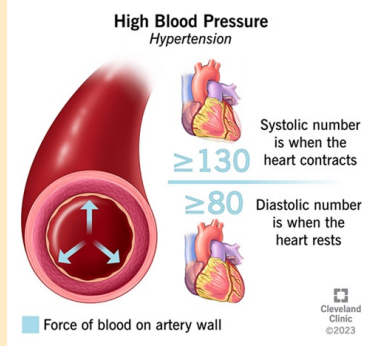
Fall prevention tips

Improve safety by:

- Removing fall hazards such as clutter, throw rugs, and electrical cords in walkways
- Installing improved lighting where needed
- Adding supports such as handrails
- Installing safety features such as grab bars around the toilet and in the shower
- Using a transfer bench
- Converting a bathtub to a curb-less shower
- Changing how or where activities occur
- Staying active--many communities offer strength and balance classes
- Reviewing your medications with your healthcare provider.

An occupational or physical therapist can conduct a home assessment and make safety and home modification recommendations based on your specific needs.

(Sources: National Council on Aging, <https://www.ncoa.org/> and WA DOH, <https://doh.wa.gov/you-and-your-family/injury-and-violence-prevention/older-adult-falls/falls-washington#:~:text=Falls are a growing health,in adults aged 65+ yrs.>)



By Sherry Ainsworth, MSN, RN, ARNP

Cleveland Clinic (May 1, 2023). High blood pressure (hypertension).

What Is Blood Pressure?

Blood pressure is the force of blood flowing through your arteries (blood vessels) and pushing against the walls of these vessels. When your heart beats and pumps blood through the vessels, it produces systolic blood pressure (the top number). When the heart relaxes between beats, this makes diastolic blood pressure (the bottom number).

Normal Blood Pressure

The diagram above defines systolic blood pressure and diastolic blood pressure, and illustrates an elevated blood pressure reading of 130/80. A normal blood pressure is now defined as a systolic pressure of 120 or less and/or a diastolic pressure of 80 or less. This number has changed over the last few years as new research shows that even the smallest continuous elevation of blood pressure above normal can be hazardous, causing stroke, heart attacks (myocardial infarctions), blood clots, and other brain damage. The old category of pre-hypertension has been discontinued (AHA, 2025).

Hypotension

Maintaining a normal blood pressure is essential for all bodily functions. Its normal function is to help deliver oxygenated blood and nutrients to the body systems and to carry away waste products. However, if it is constantly too low (hypotension, below 90/60), this function may not happen as well. Hypotension is usually not harmful unless there are other symptoms, such as dizziness, fainting, nausea, neck or back pain, headache, blurred vision, or heart palpitations. Diuretics can cause it, as can beta-blocker medicines, anti-Parkinson's drugs, tricyclic antidepressants, narcotics, or erectile dysfunction medications, especially in combination with nitroglycerine (a heart medicine).

Hypertension

If blood pressure is consistently too high (hypertension, above 130/80), it can overstretch the arteries, making them thinner and more fragile. This can lead to blockages by plaque as well as blood clots, which can cause heart attacks, strokes, and blood clots in the lungs.

There are two significant types of hypertension and five categories. The two major types are primary hypertension (formerly called “essential” hypertension) and secondary hypertension.

- **Primary** hypertension is diagnosed when there is no direct cause found for it. It was formerly called “essential” hypertension.
- **Secondary** hypertension is diagnosed when there is a direct cause for the hypertension, such as obstructive sleep apnea, diabetes, Cushing's Syndrome, or pheochromocytoma, and a few other rare disorders (Rossi, Bisogni, Rossitto, Maiolino, Cesari, Zhu, and Seccia, 2020).

Is My Blood Pressure High Enough to Need Medication?

These five categories were developed by the American Heart Association (2025) to provide clinicians with a general framework for effectively controlling hypertension:

Normal Blood Pressure

No treatments are needed; focus on preventing hypertension. Check your own blood pressure at home at least monthly or more frequently if it starts increasing. Keep a record of your blood pressure readings and share them with your primary care provider at each visit. Use the ideas for lifestyle changes (listed in the next section) to help prevent hypertension.

Treatments for Elevated Blood Pressure

“Elevated” blood pressure is typically treated through lifestyle changes, including dietary adjustments, weight loss, and increased physical activity. The most common “diets” are the Mediterranean Diet, focusing on fresh meats and green vegetables, and the D.A.S.H. Diet (Dietary Approaches to Stop Hypertension), focusing on lower salt content. Research indicates that the DASH diet is more effective in lowering blood pressure and reducing the risk of stroke (Shamsi, 2021). Also helpful are quitting smoking, decreasing alcohol use, and losing weight. These lifestyle changes are a process meant to continue throughout one’s life.

Lifestyle Changes that Will Lower Your Blood Pressure

All these changes are proven to make a difference and lower your blood pressure.

- Eat a well-balanced diet.
- Limit alcohol.
- Enjoy regular physical activity.
- Manage stress.
- Reach and maintain a healthy weight.
- Quit smoking. Or don't start.
- Take your medications as prescribed.
- Report to your healthcare professional frequently.

Treatments for Stage 1 Hypertension

In addition to continuing lifestyle changes, medications are prescribed for Stage 1 Hypertension, and frequently start with a single daily dose of a mild diuretic (“water pill”) such as **hydrochlorothiazide (HCTZ)**. Sometimes the first medicine is one of these three classes: ACE Inhibitors, ARBs, or CCBs. All three of these decrease blood pressure by either blocking the hormone that increases blood pressure or by preventing calcium from causing the blood vessel muscles to contract.

Sometimes Stage 1 Hypertension requires more than one drug to control it from these three classes—for example, HCTZ plus an **ACE Inhibitor like lisinopril**, or HCTZ plus an **ARB like losartan**.

A newer treatment method for hypertension is called Precision Hypertension Management. This involves studying your genetic makeup and other factors to determine which medications would work best in controlling your personal blood pressure. This is an evolving technique that is still in the research stages (Dzau, 2024).

Treatments for Stage 2 Hypertension

Stage 2 Hypertension is also treated with lifestyle changes, and with larger doses of these same medications in various combinations and sometimes with medicines from other categories, such as:

- Beta-blockers - slow the heart down and make it beat less forcefully
- Alpha-blockers - reduce the arteries' resistance, relaxing their muscle walls
- Alpha-2 receptor agonists - block brain impulses causing increased heart rate and blood pressure
- Direct Vasodilators - directly cause arteries to widen, lowering blood pressure

Your provider may also recommend a newer procedure called 24-hour ambulatory blood pressure monitoring. You may wear a cuff on your arm that takes and records your blood pressure at regular intervals, to be interpreted by your provider.

Examples of Common Anti-hypertensive Medications

The American Heart Association (2025) provides a long list of the most common blood pressure medications and their possible side effects. Here is the link to the list they provide: <https://www.heart.org/en/health-topics/high-blood-pressure/changes-you-can-make-to-manage-high-blood-pressure/types-of-blood-pressure-medications>

If you have concerns about a possible side effect, contact your healthcare provider immediately and discuss it with them or schedule an appointment to address the issue. Never dismiss your concerns as “not important enough.” There is a lot to know about each medication, and you can explore these in depth through the AHA.

Common Side Effects of Many Blood Pressure Medicines

- Frequent urination
- Low sodium
- Low potassium
- Dizziness
- Headaches
- Dehydration
- Muscle cramps
- Gout, a type of arthritis

Treatments for Hypertensive Crisis (Stage 3)

This is a life-threatening high blood pressure that requires immediate medical attention. Treatment involves injections of medications that lower blood pressure rapidly and require frequent blood pressure measurements to ensure the medicine is both safe and effective. This is usually treated in an emergency room setting.

Frequent Communication and Feedback to Your Provider is Key

You are in a partnership with your healthcare provider. They can write a prescription, but will not know if you are taking it as directed. This is why it is essential to bring your medicine bottles with their labels intact to your provider on most visits to review them together. If that is not possible, bring an accurate list of all your medicines, including the strength and dosage of each one.

Additionally, your provider will not know whether the prescription is effective unless you bring reports of your home blood pressure readings and any side effects you may experience. Get the first name of the medical assistant, and always ask for them by name when you call the clinic on the phone. They are good at reporting problems, symptoms, and requests.

Remember, you have to be proactive about your health!

Sherry Ainsworth is a nurse practitioner/freelance writer with over 40 years of experience in nursing. She now writes educational articles and contributes to health-related websites. She lives in Aberdeen, WA, with her husband and two very active cats.

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HOW WA CARES CAN HELP

WA Cares Fund gives you flexibility to choose whatever combination of covered services and supports best meets your care needs. Most people will choose benefits that enable them to remain in their own home. Learn more about [benefit coverage](#).



Address the need

7 in 10 Washingtonians will need care services and support as they age, but long-term care is not only for older people. Some of us will have accidents or illnesses that require care at some point in our lives.



Support for families

Family caregivers who reduce hours or leave the workforce can lose income as well as health and retirement benefits. WA Cares gives families resources that can reduce the burden.



Keep your savings

Before WA Cares, in order to pay for long-term care, people had to spend down their life savings to qualify for Medicaid.



Peace of mind

By contributing a small amount from each paycheck while we're working, we can rest assured that long-term care benefits will be there to help us when we need them.

Washington Workers:

Your WA Cares Benefits Will be Available Next Year if You Need Long-Term Care

Nearly all Washington workers who work at least 500 hours per calendar year (about 10 hours per week) are paying into the WA Cares Fund. The program provides a lifetime benefit of \$36,500 that grows over time with inflation after meeting both the contribution and care needs requirements. It will cover most of the need for some people, while for others it will provide breathing room during one of life's most challenging stages, giving the family time to develop a plan.

Long-term care is not just for older adults. Younger adults who experience illness or injury that impacts their ability to care for themselves may also need long-term care. Long-term care is defined as non-medical care lasting 90 days or more. It is not covered by Medicare or other health insurance except in rare instances.

WA Cares protects you and your family by providing flexible funding that you can use to hire a caregiver (even your spouse), get home-delivered meals, make home safety modifications, and more without spending down your life savings.

Benefits will become available on July 1, 2026.

Learn how the WA Cares Fund protects you and your family at wacaresfund.wa.gov.

To request a presentation our region (Clallam, Jefferson, Grays Harbor, and Pacific Counties), contact O3A at o3awacares@dshs.wa.gov.

The 2025 Medicare Open Enrollment Period Starts Oct. 15

If you are enrolled in Medicare, Open Enrollment is your chance to review coverage and make changes to health and prescription drug plans. During Medicare Open Enrollment you can switch, drop, or enroll in a prescription drug plan (Part D) or a Medicare Advantage (Part C) plan. Statewide Health Insurance Benefits Advisors (SHIBA) volunteers provide free, unbiased, one-on-one counseling to help you make better informed decisions about your Medicare related insurance. SHIBA can also help you review programs that may help pay some of your Medicare costs.

To help you navigate Open Enrollment we have a free Medicare Open Enrollment Jumpstart Toolkit. You can order one online at- **[Get ready now for Medicare Open Enrollment! | Office of the Insurance Commissioner](#)**, pick up a copy at your local library, or contact your local SHIBA office for assistance in getting a copy.

To be prepared for your visit, review and keep all letters and notices your current plan sends you. Review the *Medicare & You* handbook. You should receive the 2026 handbook from CMS by mid-October.

Create your own Medicare account at **www.medicare.gov** where you can enter and save a list of your medications and preferred pharmacies, or make a list of the current prescription drugs you take, the doses, and how often. Then, use the Plan Finder at **www.medicare.gov** to compare Part D and/or Medicare Advantage.

For more information visit O3A's SHIBA page **[Medicare and Health Insurance Consultations | WA | O3A](#)**, call us at 360-417-8555, or email **SHIBA.o3a@dshs.wa.gov**

*In the state of Washington, Medigap or Medicare Supplement plans do not have an open enrollment period. There are specific rules that apply to changing or signing up for a Medigap plan.

Did you know...Volunteering is a great way to stay engaged, both mentally and socially?

O3A has several opportunities. Is one of them a good fit for you?

*Learn about volunteering with our **Advisory Council, SHIBA program, and Ombuds program** at <https://www.o3a.org/get-involved/volunteer/>*

PASS THIS ON!

Share Trending Healthy with a friend!

Do you know someone who might enjoy reading Trending Healthy? Forward this email to them, or let them know how to sign up online: Just visit www.O3A.org, scroll down to the bottom of the page, and fill out the brief form to be added to our mailing list.



Thanks, and happy reading!

Editor's Invitation: Thank you for reading *Trending Healthy*. Please let us know if there is an important topic about healthy aging that you would like to see us address. You can email michelle.fogus@dshs.wa.gov with your suggestions.



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