This is the third article of a five-part series on physical fitness for older individuals; the first (Winter 2006-2007) dealt with the definition of “Physical Fitness from the set of attributes by Centers for Disease Control and Prevention”; the second (Spring 2007) was about “Aerobic Exercise and Cardiovascular Fitness: The Heart of Physical Fitness.” This article deals with the importance of knowing the difference between “...Weight and Composition” because of potential affects on bodily movement and some diseases. (For earlier issues go to www.coastal.edu/caar and click on PrimeTimes.)

The answer to the question raised in the title of this article: YES! Body weight, or body mass, is the measurement you see when you step on a scale (usually in pounds or kilograms). Body composition, on the other hand, is an estimate of the percentage of your total body weight that is made up of fat and fat-free tissues such as muscle, bone, etc. Unfortunately, men and women of all ages tend to develop a target body weight based on many different reasons (e.g. “I want my weight to be what it was when I was in my 30s”), resulting in altered caloric intake and/or expenditure in order to achieve or maintain this target body weight. Unfortunately, the scale alone does not give us an accurate picture of what our body composition is, nor what our healthy target weight really should be.

For example, a study published in the American Journal of Physiology: Endocrinology and Metabolism describes how the body weight and body composition of older men and women was followed over a five year period (Gallagher et al. 2000). After five years, the body weight of both the men and women was almost exactly the same, changing by no more than one and a half pounds. However, an analysis of body composition revealed that the men had lost an average of three pounds of fat free mass, including muscle from their arms and legs, and had increased their body fat by about three pounds; similarly, the women experienced losses in muscle mass even though their body weight did not change. Thus, although our body weight may remain fairly stable as we get older (if we're...
“Watching Your Weight vs. Watching Your Body Composition” continued from page 2

If you have comments or questions about articles in this issue, want to submit a Letter to the Editor, ask a question or make a comment, or if you would like to suggest appropriate subjects for consideration in future issues of PrimeTimes, the PrimeTimes staff wants to hear from you. Previous PrimeTimes newsletters are available on our Web site: www.coastal.edu/caar. If you want to be added to the PrimeTimes mailing list, just call, fax or write to let us know.

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“Personal Finance” continued from page 1

years in 1942 to 77.4 years by 2003 and is expected to continue increasing.

To make matters more complicated, the baby boomer generation was followed by a significantly smaller cohort to which is attributed an increased risk of falls, cardiovascular disease and metabolic disease (i.e. type 2 diabetes), most health professionals would probably agree that we should focus more on maintaining a healthy body composition and sufficient muscle mass through proper diet and exercise rather than simply monitoring our body weight. Since a basic scale has no way of determining whether body weight lost or gained is due to changes in water, fat, muscle or a combination of these, men and women should consider a few relatively simple and affordable techniques that are commonly utilized to assess body composition.

Skinfold calipers predict your total percentage of body fat by having a technician measure how much fat is stored directly beneath your skin, usually in three different locations on your body. The premise behind this technique is that much of our body fat is stored directly beneath the skin, or subcutaneously. This allows for the prediction of total body fat based on how much fat is stored in the skinfold calipers, BIA and underwater weighing. For more information about body composition testing or other fitness assessments in the Smith Exercise Science Laboratory at CCU cur- rently offers assessment of body composition via skinfold calipers, BIA and underwater weighing. For more information about body composition testing or other fitness assessments in the Smith Exercise Science Lab, please contact Stacey Beam at 843-349-2807 or sbeam@coastal.edu.

In summary, although monitoring your body weight and making appropriate adjust- ments to your activity level and dietary intake to maintain or achieve a goal weight are very admirable, having a reliable measurement of your body composition would help determine a better and even safer ideal body weight. The Smith Exercise Science Laboratory at CCU cur- rently offers assessment of body composition via skinfold calipers, BIA and underwater weighing. For more information about body composition testing or other fitness assessments in the Smith Exercise Science Lab, please contact Stacey Beam at 843-349-2807 or sbeam@coastal.edu.

Author’s Note: If you are between the ages of 50 and 75 and are physically active and have stable heart disease are encouraged to

We want to hear from you.

The best way to save is by setting money aside every month before you even get your paycheck. Begin by contributing money to your 401K plan. You may also consider contributing to a traditional Individual Retirement Account or a Roth IRA. In both types of IRA your money will accumulate tax-free. However, in a traditional IRA you will only pay taxes when you withdraw money from the account and in a Roth IRA you may only pay taxes before you deposit money into the account.

Saving money is pointless if you accumulate high-interest debt in the meantime. For starters, you must avoid paying for anything besides a house, higher education and possibly a car by getting a loan. If you cannot afford to pay for it, you should not buy it. You can save a lot of money by shopping around, by buying in bulk and using generic products. If you find that you keep getting into credit card debt, stop using credit cards. If you force yourself to reduce your spending you will soon realize that you can live a pret- ty good life while saving money in order to achieve financial security and prosperity.

Rocco Carissano can be reached at your@coastal.edu or (843) 349-2683. Toas and several colleagues from the Wall College of Business present free workshops on Personal Finance dur- ing the year. When they are scheduled, notice will be in local newspapers and PrimeTimes.
Whitefield, while traveling southward, described his trip along an excellent roadway. On January 2, 1740, the Rev. George Whitefield traveled north or south along the coastline for it provided an excellent roadway. On Jan. 2, 1740, the Rev. George Whitefield, while traveling southward, described his trip along the Long Bay Road. It was the road along the strand that was often chosen by travelers heading north or south along the coastline for it provided an excellent roadway. On Jan. 2, 1740, the Rev. George Whitefield, while traveling southward, described his trip along the Long Bay Road as follows: “For nearly twenty miles we rode over a beautiful bay as plain as a terrace walk, and as we passed along were wonderfully delighted to see the porpoises taking their pastime.” The alternative inland route was a soft sandy road that would surely have been much more difficult to travel.

Colonial and antebellum diaries and journals tell us that at the point where the road forked [the Ark Plantation area], there was a “large Indigo plantation” and it was here that travelers would often times stay overnight so as to time their trip up the strand of the Long Bay to coincide with a low tide. In these early years of our nation’s history, locals referred to the area from Murrells Inlet to Lewis Swash (now known as Singleton Swash and located just above Myrtle Beach) as Long Bay. Others used the term for a much bigger area off our coast.

It was at The Ark that the botanist, William Bartram, stayed during South Carolina’s colonial and antebellum days, the area that we now know as Surfside Beach was a plantation called The Ark.

John Tillman owned 57 slaves in 1850. At that time his main crop was sweet potatoes, and he produced 3,000 bushels annually. One hundred ninety acres were used for the production of upland rice. A re-survey of a map from 1838 shows that the plantation contained 3,194 acres. It also shows that the main house at The Ark was located a short distance from the ocean, as were the slave cabins. Somewhere on the land is an old slave cemetery that is now lost, but not forgotten.

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There are no extant buildings from the colonial and antebellum eras in the Surfside Beach area. The land that was once called a “large Indigo plantation” in the 1770s is now a thriving vacation resort. Old live oak trees stand on the site of the old Ark Plantation home site. If only they could speak and tell us what they have witnessed.

“Watching Your Weight vs. Watching Your Body Composition”

Each issue of PrimeTimes will feature an outstanding local agency, business or organization serving older adults on the Grand Strand to illustrate the range of services available in the area. If you would like to nominate a facility for this feature - or if you are involved in an organization that would like to be featured - we want to hear from you!

Baskervill Outreach Inc. (BOI) was incorporated in 1987 with the mission to provide elderly and/or handicapped persons of moderate or low incomes with safe, decent and affordable housing facilities and services that are specially designed to meet their physical, social and psychological needs. We strive to promote their health, safety, security, happiness and usefulness in longer life. BOI is irrevocably dedicated to and operated exclusively for non profit purposes as an outreach program under the general direction of Holy Cross Faith Memorial Episcopal Church. Our clientele include adults who are low income elderly and/or disabled with no discrimination based on race, color, creed, religion, sex, national origin, familial status, handicap or socio-economic class.

Today, BOI owns and operates two successful programs. In June 1991, we entered into a Section 202 agreement with the U.S. Department of Housing and Urban Development. This agreement allows us to provide housing for low-income individuals aged 62 and over. The community, St. Elizabeth Place, consists of 48 ground floor apartments in twelve quadruplex buildings. Amenities include on-site laundry facilities, mail service, rubbish disposal, a community/activity center, picnic area and supportive services to help our residents maintain their independence for as long as possible.

BOI opened Baskerville Adult Programs and Services (BAP&S), an adult day care program. BAP&S provides services to adults who, due to a disability, require assistance with the activities of daily living. The program offers activities and services to help maintain and improve each client’s ability to function independently. Periodic respite care is available so family members and caregivers can be assured that, while they must be away, their loved ones are in the best of hands. BAP&S is a structured program that provides a variety of health, social and related support services in a protective and supervised setting.

For more information on St. Elizabeth Place, please call 843-235-3031. For more information on Baskerville Adult Programs & Services, please call 843-237-1100.
A VERY IMPORTANT VISION... Yours!

From time to time we receive suggestions for articles and we do our best to respond to requests. A recent suggestion had to do with eyesight and signals that perhaps indicate a need to visit an eye care doctor. What follows is some information and definitions.

LEADING CAUSES OF VISION IMPAIRMENT IN ADULTS

Macular Degeneration, also known as ARMD (Age Related Macular Degeneration), is a breakdown of the macula, the part of the retina which captures and directs light. The macula is responsible for the central part of our vision, as well as detail and color. There are two types of Macular Degeneration: dry and wet. The dry form results in a loss of detail vision. The wet type involves leaking or hemorrhaging of blood vessels and usually requires laser treatment to seal off the leaking areas. Wet Macular Degeneration usually leads to a more extensive vision loss than the dry type. Neither form of Macular Degeneration will result in total vision loss; there will always be remaining peripheral vision. Macular Degeneration is the leading cause of visual impairment as people approach their 60s.

Cataracts - A cataract is a clouding of the normally clear lens of the eye. It may vary in severity from a small amount of clouding to dense areas of haziness. Cataracts are usually, but not always, an age related condition, which disturbs the passage of focused light to the lens. Cataract surgery is presently the best form of treatment. Cataracts can occur in only one or both eyes.

Glaucoma - Glaucoma is a buildup of intraocular fluid that is not drained away properly. This causes increased pressure in the eye, which leads to optic nerve damage and blind areas in the field of vision. Glaucoma tends to occur slowly, often with no noticeable changes until after damage has been done. Some warning signs include blurred vision, seeing rings around bright lights, loss of peripheral vision, and pain and redness of the eye. Glaucoma can be treated with drops to reduce the pressure.

Diabetic Retinopathy - Diabetic Retinopathy is an eye disease that often will affect diabetics. Diabetes can cause blood vessels in the eyes to break and this can interfere with vision. Blood clots and scars may form on the retina, blocking the light rays from the nerve cells and interfering with nutrition. Complete loss of vision can occur when scar tissue develops at the back of the eye. This scar tissue sometimes shrinks and detaches the retina. Diabetic Retinopathy can result in both partial and total loss of vision. It is very important for diabetics to have their eyes checked frequently by an ophthalmologist.

TERMINOLOGY RELATED TO VISION:

Legal Blindness - 20/200 in the best eye with correction.
Partial sighted - 20/70 in the best eye with best correction; 20/70 or worse is also considered “Low Vision.”
Optometrist - An eye care provider who prescribes glasses and contact lenses, and diagnoses and treats certain conditions and diseases of the eye.
Ophthalmologist - A medical doctor who diagnoses and treats all diseases and disorders of the eye, and can prescribe glasses and contact lenses.
Low Vision Specialist - Usually, an ophthalmologist or optometrist who specializes in the evaluation of low vision. This person can prescribe visual devices and teach people how to use them.
Optician - A trained professional who grinds, fits and dispenses glasses by prescription from an optometrist or ophthalmologist.
Vision Rehabilitation Teacher - A person who trains people with low vision to use adaptive techniques, optical and non-optical devices, and community resources to increase their level of independence and to travel independently.
Orientation and Mobility Specialist - A person who trains people with low vision to move about safely in their environment, and to travel independently.

TIPS FOR LIVING WITH LOW VISION

- There are many state and local services for the blind and visually impaired, which offer a wide array of programs and services for people with low vision. In this area you can contact: South Carolina Commission for the Blind. Local Office (Columbia) - 843-248-2017 State Office (toll free) - 800-922-2222
- Most banks offer large print check. They should be provided at the same cost (if any) as your regular print checks.
- The Department of Motor Vehicles can issue you a handicapped parking permit. Check with your local DMV for details on how to obtain this.
- South Carolina has a state library that offers a free Talking Book program. This service is free of charge and includes the Talking Book player. Contact the state library for more information on how to obtain this service.
- SC State Library for the Blind Toll free 800-922-7818
- Most local phone companies offer free telephone directory service (411) to people with impaired vision. Call your local phone service provider to see if they participate in this program.
- Most banks and utility companies now offer large print bill. The customer service department of your bank or utility company should be able to give more information on what services they provide.
- Many devices such as CCTVs (Video Magnifiers), Screen Magnification Software and hand-held magnifiers are available to assist people with low vision. Allied Technologies is listed in the Senior Services Directory at www.coastal.edu/caer/services. Click on Organization Index.

Online Gerontology Courses: How Do They Measure Up?

By Sara A. Brallier, William E. Hills, Linda J. Palm, and Jamie M. Graham, Department of Psychology and Sociology, CCU

Researchers at Coastal Carolina University are collaborating on a project to examine the demographic and academic characteristics of students enrolling in online gerontology courses and the effectiveness of offering gerontology courses in an online format. In an online course, students use a course management system (e.g., WebCT or Blackboard) that includes web pages with the course content, provides a forum for online class discussions, links to online resources, and delivers course assignments and quizzes. The Gerontology Certificate Program (GCP) has been a leader in online instruction at CCU. Since 1997, GCP has offered both online and traditional lecture-based courses in the Psychology of Aging and Gerontology. A total of 183 students have completed the online courses and 157 have completed the lecture-based courses.

The research team is comprised of Sara Brallier (associate professor of sociology and director of the GCP), William Hills (associate professor of psychology and former director of the GCP), Linda Palm (professor of psychology) and Jamie Graham (reference librarian). The primary objectives of this study are to: (1) compare the demographic characteristics of students enrolled in online and lecture-based GCP courses; (2) compare and discuss student performance in online gerontology courses to student performance in lecture-based gerontology courses; and (3) determine the extent to which demographic variables and academic variables differentially predict course performance in online and lecture-based gerontology courses.

The researchers will present results of their study at the 2008 annual conference of the Association for Gerontology in Higher Education in Baltimore, Md., next February. They will also post research updates in the upcoming editions of PrimeTimes.

We encourage interested parties to enroll in any of the GCP courses. A full description of the GCP is available at: https://www.coastal.edu/psychology/GCP_pagePsy.html. Please remember that according to CCU policy, individuals who are aged 60 or older and a South Carolina resident may enroll in courses tuition free as long as there is available space. Applications for the "senior citizen free tuition provision" are available in the Office of Admissions.
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**CCTV or Video-Magnifier** - A device used by people with low vision, which magnifies printed or other materials onto a video monitor. This device enables people with low vision to be able to read and write independently.

**HIGHER EDUCATION**

**By Sara A. Brallier, William E. Hills, Linda J. Palm, and Jamie M. Graham, Department of Psychology and Sociology, CCU**

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“Watching Your Weight vs. Watching Your Body Composition” . . . . . Continued from page 2

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ST. ELIZABETH PLACE
BASKERVILL OUTREACH, INC.

“Watching Your Weight vs. Watching Your Body Composition” . . . . . Continued from page 2

participate. Sixteen individuals have enrolled in the study since May 2007; our goal is approximately 100 individuals.

Please visit our Web site at www.coastal.edu/hpeter/exercise/fitnessTesting.html.

A Touch of Local History:
THE ARK PLANTATION/SURFSIDE BEACH, Horry County, South Carolina
By Ben Burroughs, Research Specialist, Burroughs & Chapin Center for Marine and Wetland Studies, Coastal Carolina University

During South Carolina’s colonial and antebellum days, the area that we now know as Surfside Beach was a plantation called The Ark.

The Ark was located on the seashore at the point where, as one was traveling northwest, the old “Broad Road,” or “King’s Highway,” forked with the road to the right leading through the plantation, over the dunes and onto the strand of the Long Bay. The Broad Road continued up the coast behind the dunes. It was the road along the strand that was often chosen by travelers heading north or south along the coastline for it provided an excellent roadway. On Jan. 2, 1740, the Rev. George Whitefield, while traveling southward, described his trip along the Long Bay road as follows: “For nearly twenty miles we rode over a beautiful bay as plain as a terrace walk, and as we passed along were wonderfully delighted to see the porpoises taking their pastime.” The alternative inland route was a soft sandy road that would surely have been much more difficult to travel.

Colonial and antebellum diaries and journals tell us that at the point where the road forked (the Ark Plantation area), there was a “large Indigo plantation” and it was here that travelers would oftentimes stay overnight so as to time their trip up the strand of the Long Bay to coincide with a low tide. In these early years of our nation’s history, locals referred to the area from Murrells Inlet to Lewis Swash (now known as Singleton Swash and located just above Myrtle Beach) as Long Beach. It is pleasant riding on this clean hard sand, paved with shells of various colors.” Other prominent visitors who passed through The Ark included Dr. Johann David Schoepf in 1784 (Schoepf was a German physician and natural scientist who served as chief surgeon of the Ansbach troops in the service of George III during the American Revolutionary War) and President George Washington in 1791. Schoepf left us a particularly detailed and interesting account of his travel along what is now the coastline of Horry County.

Sabe Rutledge, a former slave at The Ark, mentions in his narrative recorded by Genevieve Chandler in 1957 that Elisha Tillman grew indigo at The Ark. The leaves of the indigo plant were boiled, fermented and dried to produce a blue dye. According to Rutledge, “All the big folkses plant that for the rice. Rice come in circulation, do way with indigo. Nuster (used to) farm indigo just like we work our corn.” Rutledge also told of how at The Ark after “Freedom” his grandmother would boil the ocean water to produce salt. “My grandmother had two pots going. Boil all day and all night...Boil till he ticken (thicken), cedar paddles stir with.”

Elisha’s son, John M. Tillman, apparently inherited the plantation and lived there until his death in 1865. As a child, Sabe could remember how John Tillman would give him sugar as a treat.

John Tillman owned 57 slaves in 1850. At that time his main crop was sweet potatoes, and he produced 3,000 bushels annually. One hundred ninety acres were used for the production of upland rice. A re-survey of a map from 1838 shows that the plantation contained 3,194 acres. It also shows that the main house at The Ark was located a short distance from the ocean, as were the slave cabins. Somewhere on the land is an old slave cemetery that is now lost, but not forgotten.

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Ben Burroughs can be reached at bburroughs@coastal.edu or (843) 349-2120.
“Watching Your Weight vs. Watching Your Body Composition”... Continued from page 1

lucky), it does not indicate whether we have lost healthy muscle or bone tissue and/or gained extra pounds of body fat. Since it is well known that losses in muscle mass along with an increase in body fat can lead to a decreased risk of falls, cardiovascular disease and metabolic disease (i.e. type 2 diabetes), most health professionals would probably agree that we should focus more on maintaining a healthy body composition and sufficient muscle mass through proper diet and exercise rather than simply monitoring our body weight. Since a basic scale has no way of determining whether body weight lost or gained is due to changes in water, fat, muscle or a combination of these, men and women should consider a few relatively simple and affordable techniques that are commonly utilized to assess body composition.

Skinfold calipers predict your total percentage of body fat by having a technician measure how much fat is stored directly beneath your skin, usually in three different locations on your body. The premise behind this technique is that much of our body fat is stored directly beneath the skin, or subcutaneously. This allows for the prediction of total body fat based on how much is in your skinfold measurements. This technique is usually painless, quick and very reasonable in price. However, the accuracy of this technique is strongly dependent on the experience of the technician conducting the test as well as choosing prediction equations that are age, gender and even race specific.

Bioelectrical impedance analysis (BIA) is a technique that involves the conduction speed of a very small electrical current through our body (don’t worry, it’s absolutely painless). Since muscle tissue contains more water than fat does, when the body is exposed to the current, it will move faster through someone with a higher percentage of muscle mass, and slower through someone with a higher percentage of body fat. Based on how fast the current travels, a prediction of total body water is generated; from this prediction of total body water, an accurate estimate of body composition is generated.

There are now newer techniques available that provide body composition estimates that are equal to or even better than underwater weighing, including dual-energy X-ray absorptiometry (“DEXA”) and the “Bod Pod.” Without getting too much into detail, DEXA uses very weak x-rays to determine the composition of the body, including bone mineral density as well as overall body composition. Unfortunately, this technique can be rather expensive and in some states may even require the test be performed by or under the supervision of a physician. The Bod Pod uses a technique called “air densitometry,” which means your body density is estimated while you sit in an enclosed chamber for a few minutes (similar theory to underwater weighing). However, since the Bod Pod technology is relatively new, it is still very expensive and the numbers of institutions that have the systems are few.

In summary, although monitoring your body weight and making appropriate adjustments to your activity level and dietary intake to maintain or achieve a goal weight are very admirable, having a reliable measurement of your body composition would help determine a better and even safer ideal body weight. The Smith Exercise Science Laboratory at CCU currently offers assessment of body composition via skinfold calipers, BIA and underwater weighing. For more information about body composition testing or other fitness assessments in the Smith Exercise Science Lab, please contact Stacey Beam at 843-349-2807 or sbeam@coastal.edu.

Author’s Note: If you are between the ages of 50 and 75 and are interested in participating in a study at CCU about muscle strength, balance, and falls in older men and women with and without cardiovascular disease, please contact Greg Marriott at 843-349-2957 or at gmartnr@coastal.edu. Individuals who are physically active and have stable heart disease are encouraged to contact the Smith Exercise Science Laboratory at CCU for more information.

If you have comments or questions about articles in this issue, want to submit a Letter to the Editor, ask a question or make a comment, or if you would like to suggest appropriate subjects for consideration in future issues of PrimeTimes, the PrimeTimes staff would like to hear from you. Previous PrimeTimes newsletters are available on our Web site: www.coastal.edu/caar. If you want to be added to the PrimeTimes mailing list, just call, fax or write to let us know.

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To make matters more complicated, the baby boomer generation was followed by a significantly smaller generation due to the “baby bust.” That means that a relatively small cohort of workers will have to support a large cohort of retirees. Consequently, by 2018 Social Security expenditures will exceed the amount of receipts from workers. The government will then have to begin withdrawing money from the Social Security Trust Fund. By the middle of this century, the Trust Fund will be depleted.

Americans must also relearn how to save in order to pay the increasing cost of college tuition for their children. In recent years, college tuition has been rising by 7 percent a year. Moreover, the cost of healthcare is rapidly increasing. Healthcare emergencies are the number one reason why Americans declare bankruptcy.

One of the biggest reasons for our collective profligacy is our confidence about the future. Americans have many reasons to be confident about their economy. Unemployment, currently at 4.5 percent, has rarely been this low, our national income is steadily increasing and, despite the recent spike in gasoline prices, there are no signs of major inflation. Location. Americans have become a generation since the early 1980s. When people are confident about their future they tend to save less.

But there may be a bigger reason why Americans stopped saving: the availability of credit. Borrowing has replaced savings in our society. Nowadays, consumers can buy nearly everything using their credit cards. Many stores offer their own credit card or deferred payment plans, which allows people to buy things when they clearly cannot afford them. Homebuyers can even get a second mortgage in order to pay the down payment on their new home.

Saving is like dieting. The process is well understood but many people lack the discipline to do it. The problem is that most people think about savings as the money that they have left after they pay all their expenses and buy all the things they need. Those who subscribe to this philosophy rarely save much because they always find more things that they “need” to spend money on.

The best way to save is by setting money aside every month before you even get your paycheck. Begin by contributing money to your 401K plan. You may also consider contributing to a traditional Individual Retirement Account or a Roth IRA. In both types of IRA your money will accumulate tax-free. However, in a traditional IRA you will only pay taxes when you withdraw money from the account and in a Roth IRA you will only pay taxes before you deposit money into the account.

Saving money is pointless if you accumulate high-interest debt in the meantime. For starters, you must avoid paying for anything besides a house, higher education and possibly a car by getting a loan. If you cannot afford to pay for it, you should not buy it. You can save a lot of money by shopping around, by buying in bulk and using generic products. If you find that you keep getting into credit card debt, stop using credit cards. If you force yourself to reduce your spending you will soon realize that you can live a pretty good life while saving money in order to achieve financial security and prosperity.

Yoav Wachsman can be reached at yoaustoe.ud.edu or (843) 349-2683. Yoav and several colleagues from the Wall College of Business present free workshops on Personal Finance during the year. When they are scheduled, notice will be in local newspapers and PrimeTimes.

“Personal Finance”... Continued from page 1

years in 1942 to 77.4 years by 2003 and is expected to continue increasing.

Emma Schickel can be reached at edRs@coastal.edu or (843) 349-2683. Yoav and several colleagues from the Wall College of Business present free workshops on Personal Finance during the year. When they are scheduled, notice will be in local newspapers and PrimeTimes.

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This is the third article of a five-part series on physical fitness for older individuals; the first (Winter 2006-2007) dealt with the definition of “Physical Fitness” by Centers for Disease Control and Prevention; the second (Spring 2007) was about “Aerobic Exercise and Cardiovascular Fitness: The Heart of Physical Fitness.” This article deals with the importance of knowing the difference between “Weight and Composition” because of potential affects on bodily movement and some diseases. (For earlier issues go to www.coastal.edu/caar and click on PrimeTimes.)

The answer to the question raised in the title of this article: YES! Body weight, or body mass, is the measurement you see when you step on a scale (usually in pounds or kilograms). Body composition, on the other hand, is an estimate of the percentage of your total body weight that is made up of fat and fat-free tissues such as muscle, bone, etc. Unfortunately, men and women of all ages tend to develop a target body weight based on many different reasons (e.g. “I want my weight to be what it was when I was in my 30s”), resulting in altered caloric intake and/or expenditure in order to achieve or maintain this target body weight. Unfortunately, the scale alone does not give us an accurate picture of what our body composition is, nor what our healthy target weight really should be.

For example, a study published in the American Journal of Physiology: Endocrinology and Metabolism describes how the body weight and body composition of older men and women was followed over a five year period (Gallagher et al. 2000). After five years, the body weight of both the men and women was almost exactly the same, changing by no more than one and a half pounds. However, an analysis of body composition revealed that the men had lost an average of three pounds of fat free mass, including muscle from their arms and legs, and had increased their body fat by about three pounds; similarly, the women experienced losses in muscle mass even though their body weight did not change. Thus, although our body weight may remain fairly stable as we get older (if we're

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