

IT'S YOUR HEALTH WINTER 2025

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STAY HEALTHY DURING WINTER

In order to stay healthy during the Winter, you want to make sure you take care of yourself in different areas. This includes making sure you are meeting your mental, physical, and emotional needs. Below are a few ways to stay healthy during the Winter.

RSV (Respiratory Syncytial Virus)

While RSV has always been problematic especially during the colder months (usually the Fall through the Spring), it has been in the forefront of the news in the last year especially regarding encouragement from medical sources to get the vaccine for RSV.

The RSV vaccine was approved by the FDA in 2023. And in 2024, the RSV vaccine was approved for infants who are at risk of a severe RSV infection (premature infants or those with underlying health conditions). So, what exactly is RSV? RSV is a common respiratory virus that affects the lungs and the ability to breathe. Most of the time, it has mild cold like symptoms and can last several weeks. But for some individuals, the infection can move into the lungs causing pneumonia or bronchiolitis (an inflammation of the lungs) and become more severe.

The most at risk populations for RSV are infants and older adults where RSV can cause serious illness. And unfortunately, RSV is easily spread from one person to another by sneezing or coughing as the droplets from these actions go into the air where others can breathe in the droplets or it can enter through the eyes and nose. You can also get RSV by touching a contaminated surface and then rubbing your eyes, nose or mouth. RSV can live on hard surface for some hours after initial contamination.

HCQU Trainings

Our Health Care Quality Unit is always available for trainings for groups large and small. In addition to group trainings, we offer web trainings 24 hours a day/7 days per week. If you are interested in scheduling a training, or have any questions about web trainings, please contact Heather Coleman, M.A., Director, Eastern PA Health Care Quality Unit 610-435-2700 or hs@theadvocacyalliance.org.

For a list of our current web trainings please go to [Eastern PA HCQU Trainings](#).

The symptoms of RSV mimic a cold: cough, runny nose, sneezing and a fever. When symptoms get more severe, they may appear as wheezing (noisy breathing), fast breathing, labored breathing or even gasping for air.



Prevention is similar to what we've already become accustomed to when navigating COVID-19: washing your hands (frequently and correctly), avoiding touching your nose, mouth and eyes, regular cleaning of hard surfaces (doorknobs, light switches, tabletops, etc.), keeping our distance from those who are sneezing and coughing, staying home when we are exhibiting symptoms and avoiding second hand smoke (or smoking if you are a smoker).

Fortunately, there is now a vaccine for RSV with certain portions of the population being highly encouraged to get the vaccine: older populations, namely 75 years of age or older, as well as individuals between 60 and 74 years of age. Those in the 60–74-year range may be those who have compromised immune systems, cardiovascular disease, chronic lung disease or who reside in a long-term care facility. The CDC also recommends that pregnant women receive the vaccine between 32 weeks and 36 weeks of their pregnancy to help protect their infants or infants in their first 6 months of life. The RSV vaccine can also be given to infants born prematurely or with certain underlying health conditions. The RSV vaccine is recommended for those who are most at risk since severe RSV can cause hospitalizations which could lead to death for some.

If you are considering getting the RSV vaccine, talk to your primary care physician or healthcare provider to be assured that getting the vaccine is right for you. As with all vaccinations, there is always the risk of an allergic reaction, injection site redness, soreness or tenderness along with fatigue and other possible minor symptoms. The most important thing is that you are making informed decisions when considering the RSV vaccine (or any vaccine) and that you make taking care of yourself a primary focus in living your best and healthiest life.



References:

- <https://www.immunize.org/wp-content/uploads/vis/pdf/rsv.pdf>
- <https://www.thoracic.org/patients/patient-resources/resources/respiratory-syncytial-virus-rsv.pdf>

STAYING HEALTHY DURING WINTER ALSO INCLUDES MENTAL HEALTH!

Seasonal Mental Wellness

Do you dread the changing of the clocks in the Fall? It is suddenly dark at 5 p.m. and your mood may start to plunge. Seasonal Affective Disorder is a type of major depressive disorder in which a person experiences depression during certain seasons but not others. In most cases, people feel depressed during the coldest months of the year and then start to feel better in the Spring.



- * Individuals with mood disorders experience this more often. And up to 20 percent of people who live with major depressive disorder experience SAD, and the number is as high as 25 percent for people with bipolar disorder.
- * The signs and symptoms include:
 - * Persistent sad, anxious, or “empty” mood, every day of the week for at least 2 weeks.
 - * Feelings of hopelessness or pessimism
 - * Feelings of irritability, frustration, or restlessness
 - * Loss of interest in pleasurable activities once enjoyed
 - * Decreased energy, fatigue or feeling slowed down
 - * Changes in sleep or appetite
 - * Difficulty concentrating or making decisions
 - * Physical aches or pains, headaches, cramps, or digestive problems that do not have a clear physical cause
 - * Thoughts of death or suicide

Even if you live with SAD, you do not need to plan on a miserable winter. There are strategies that can help with the season:



Light Therapy: These simulators and boxes can offer relief by giving the user the benefit of sunshine, even when it is dark outside.

Exercise regularly: Regular exercise can be an important part of any mental wellness.

Be Social: Now is not the time to isolate yourself. Reach out to people in your circle by phone, in person or on social media.

Seasonal Mental Wellness (continued)

Focus on Sleep Hygiene: Try to maintain a bedtime routine throughout the year as well as going to sleep at the same time each night.

Talk to your Doctor: Low levels of Vitamin D can be a factor in SAD. Talk to your doctor to determine if you get enough Vitamin D and discuss a daily dose. You may also benefit from an antidepressant during the winter.

Engage in mindful activities like arts and crafts, taking care of indoor plants, reading, and listening to music.

Get outside in nature: This releases endorphins and reduces stress. Breathing in fresh air can be invigorating.

Eat nutritious foods rich in Omega-3s and ensure whole grains, fruits, and vegetables for energy.

Plan a future getaway. Having a vacation on the calendar and planning something to look forward to can keep your mind positive. Getting away to somewhere warm and sunny may help.

Getting help: If your depressed mood lingers for more than two weeks, intensifies or impairs your life, consider medication and therapy.

If you are facing symptoms of seasonal depression that impact your daily life, work, school, or relationships, it is important to reach out for help. Practicing the steps mentioned above can help, prevent, treat, and allow you to enjoy all the seasons of the year.

Below are some helpful resources if you find yourself struggling with seasonal mental wellness:

[Seasonal Affective Disorder](#)

[Seasonal Self Care](#)

[Seasonal Shift](#)

[Spot and Treat Winter Blues](#)



Aging on the Autism Spectrum

Gavin R Stewart, Ph.D.

When most people think about autism, they think of it as something that only affects children. Yet autism is a lifelong condition, and most autistic people are adults. Based on census data for the United States and the United Kingdom (and most other western countries), 20% of the autistic population are under 18 and 80% are over. Those percentages do not take into account the high rates of underdiagnosis among adults.

Despite this, research has historically focused on young people, leaving gaps in our understanding of what happens as autistic people move through midlife and into older age. Until recently, less than 1% of all autism research focused on older people. However, this is changing, and over the last decade, there has been a rapid growth in studies exploring what it means to age as an autistic person.

One of the biggest challenges we face in understanding aging in autistic populations is the “underdiagnosis problem.” The diagnostic criteria for autism have changed dramatically over the last several decades, and many people who would receive a diagnosis today were overlooked as children.

When autism first appeared in diagnostic manuals in the 1960s, it was called “Infantile autism” and thought to be a rare condition affecting mostly young boys with learning difficulties or intellectual disabilities

Girls, people without language delays, and anyone who did not fit the narrow criteria were often missed altogether.

As a result, many people who are now middle-aged and older likely never even heard about autism, let alone found out they were autistic. For some, receiving an autism diagnosis in adulthood helps make sense of their experiences. For others, the realization may come through self-identification, without formal diagnosis. Our data suggests around 90% of autistic people aged 40-59 and up to 97% of those aged 60 or over remain undiagnosed, forming part of what some researchers call a “lost generation” of autistic people. So, with this in mind, what do we know about aging and autism?



Health and Wellbeing

Health is one of the commonly researched topics affecting older autistic people. Our findings show that autistic people in midlife and old age are more likely than non-autistic people to experience a range of physical and mental health difficulties. Cardiovascular disease, osteoporosis, Parkinson’s disease, anxiety, depression, and sleep problems all appear to be more common in middle-aged and older autistic adults. For autistic women, menopause can be particularly challenging, with reports of more intense physical and emotional symptoms.

Aging on the Autism Spectrum (Continued)

Despite these challenges, many autistic people in midlife and old age describe receiving an autism diagnosis later in life as transformative. This “lightbulb moment” allows them to understand themselves better and find self-acceptance, as well as being better equipped to advocate for their unmet support needs.

Cognitive Aging and Dementia

When it comes to cognitive aging, the evidence so far paints a mixed picture. Like their non-autistic peers, some middle-aged and older autistic adults show strong cognitive skills well into later life, while others experience more difficulties with memory, planning, and problem-solving.

Researchers have begun exploring whether autistic people might be at higher risk of cognitive decline or dementia. The evidence is far from clear, and large-scale, long-term studies are needed to understand what is really happening. Some studies using U.S. healthcare records have found that autistic people are at higher risk of developing dementia than the general population, but given that over 90% of autistic people age 40 and over are likely to be autistic but undiagnosed, we cannot make conclusions yet.

Social Support, Loneliness, and Isolation

Across many studies, one message stands out clearly: social connection matters for autistic people as they age. Middle-aged and older autistic adults who have supportive social networks tend to report a higher quality of life, while loneliness and isolation are linked to poorer wellbeing. We have found in various studies that many autistic people describe having fewer social connections and experiencing greater isolation, particularly as they grow older.



Yet there are also examples of autistic people who thrive when they are supported. Donald Triplett, known as the first person to be diagnosed with autism, lived a full and happy life until the age of 89. He worked in a supportive community, pursued golf and other hobbies, and was valued by those around him. His life reminds us that with understanding and acceptance, autistic people can flourish throughout their lives.

Looking Ahead to the Future of Autism and Aging Research

The research on aging and autism is growing rapidly, for example, my 2022 review found a 392% increase in publications on autism and aging since 2012. However, there is still much more to do. We need studies that follow autistic people throughout their lives so we can understand how their experiences and needs change with age. This kind of research will help identify when and how to provide the best support.

It is also important that aging and autism research becomes more representative. Most studies still overlook autistic people with intellectual disabilities or high support needs, as well as those diagnosed in childhood. To truly understand autism in midlife and old age, we must include the full diversity of autistic experiences.

Aging on the Autism Spectrum (Continued)

Beyond research, there is a pressing need to improve healthcare access and social support for autistic adults as they age. Health professionals need better training to recognize undiagnosed autism and to make their services more accessible for those seeking support. Social isolation should also be treated as a serious societal issue. Additionally, a more holistic approach should be taken to help and support. For example, older autistic adults may need specific help with finances, housing, retirement, long-term care homes, and navigating social care systems, all of which can be difficult even for non-autistic people.

Most importantly, autistic people themselves must be involved in shaping the future of research and policy. They are the most knowledgeable about their own experiences and can help ensure that support is relevant, respectful, and effective. A ‘one-size-fits-all’ approach is unlikely to work, given the diversity of autistic experiences.

As I reflect on writing this article, it is important to recognize the strides we have taken in such a short time. When researchers first started exploring autism and aging, the field was so small that you could read every paper in an afternoon. Now, it is expanding quickly, driven by growing recognition that autistic people deserve to age well, with dignity, good health, and a sense of belonging. The takeaway message is clear: we are adults for most of our lives, and aging is an important consideration for all. By listening to autistic voices, improving research, and building more inclusive systems of support, we can make sure that no autistic person is left behind as they grow older.

GROUND TURKEY CHILI RECIPE

PREP TIME: 10 minutes **COOK TIME:** 1 hour 5 minutes

TOTAL TIME: 1 hour 15 minutes

DIRECTIONS

1. Heat the oil in a large Dutch oven over medium-high heat. Once it's hot, add the diced onion and sauté for 10 minutes, stirring occasionally.
2. Add the minced garlic and allow it to cook for 30 seconds. Then add half the salt, cumin, oregano, chili powder, and cayenne. Stir and sauté for 1 minute.
3. Add the ground turkey to the pot and break it up with the back of a spoon. Allow it to cook for 4 to 5 minutes or until browned.
4. Add the chicken stock, kidney beans, cannellini beans, tomato sauce, and remaining salt to the pot. Increase the heat and bring it to a low boil.
5. Cover and allow to simmer for 30 minutes. Then, remove the lid and stir. Allow the chili to simmer for another 20 minutes until reduced.
6. Serve immediately or save in the refrigerator for up to 4 days.

INGREDIENTS		
1 tbsp canola oil	1 1/2 tsp cumin	1tsp chili powder
1 small yellow onion, diced	1 can kidney beans	1/2 tsp cayenne
3 cloves garlic, minced	1 can tomato sauce	1lb ground turkey
3 tsp kosher salt, divided	1 tsp dried oregano	2 cups chicken stock
1 can cannellini beans		

STUFFED SPAGHETTI SQUASH RECIPE

BY LEAH PEREZ PUBLISHED: SEP 11, 2024

YIELDS: 4-6 SERVINGS

PREP TIME: 30 MINUTES

TOTAL TIME: 1 HOUR 45 MINUTES

DIRECTIONS

1. Preheat the oven to 400°F.
2. On a baking sheet, place the spaghetti squash cut-side up. Drizzle with 2 tablespoons of the oil and sprinkle with 1 teaspoon of the salt and pepper. Flip the spaghetti squash cut-side down and bake until fork-tender, 45 minutes to 1 hour.
3. Meanwhile, in a large skillet, heat the remaining 1 tablespoon oil over medium heat. Add the turkey and cook, crumbling with a wooden spoon, until the turkey is lightly browned, 3 to 5 minutes. Add the taco seasoning and ½ cup of water and cook until thickened slightly, 1 to 2 minutes. Stir in the beans, corn, salsa, 1 cup of the cheese, and three-quarters of the cilantro.
4. Let the squash cool slightly before carefully flipping over, cut-side up. Use a fork to loosen the flesh and form spaghetti-like strands. Divide the turkey mixture among the spaghetti squash halves and mix it gently with the squash strands. Sprinkle the halves with the remaining cup of cheese. Return the squash to the oven and bake until the cheese is melted and bubbly, 10 to 15 minutes.
5. Serve the squash topped with yogurt, avocado, hot sauce, salsa, and the remaining cilantro.

INGREDIENTS

2 small spaghetti squash, cut in half and seeds removed (about 3lbs each)	1 (1-oz) packet taco seasoning	1 cup fresh cilantro, chopped
3 Tbsp. olive oil	1 (15-oz) can black beans, drained and rinsed	Plain Greek yogurt or sour cream, for serving
2 Tsp. kosher salt	1 cup frozen corn	1 ripe avocado, diced, for serving
1 tsp. black pepper	1 cup salsa, plus more for serving	Hot sauce, for serving
1 lb. ground turkey	2 cups shredded Mexican blend shredded cheese	

TIP

Microwaving spaghetti squash makes it easier to cut. Prick the squash all over with a fork and microwave (one at a time) for 6 minutes. Carefully remove from the microwave. When cool enough to handle, cut the squash in half lengthwise, scoop out the seeds with a spoon, and proceed with the recipe.

[The Pioneer Woman Recipes - Best Recipes From Ree Drummond](#)



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Ideas for Our Newsletter?

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