

Meeting the Challenges

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– MORE INFO ON PAGE 9.

OnLine @ www.LivingPartnership.org

A SPECIAL PUBLICATION TO HELP US MEET OUR DAILY CHALLENGES AND AGE MORE SUCCESSFULLY.....

16 Million of us have diabetes!!!.... 1/3 of us, who have it now, don't know we have it!

Meal Planning for Diabetes Management

- by Pauline Knight, R.D., Certified Diabetes Educator, Diabetes Solutions

Meal planning can be one of the most challenging aspects of diabetes management. On a daily basis, individuals are faced with many decisions to make regarding the types of foods to buy, how to prepare these foods, how much to eat, and when to eat.

For many people in the aging population, there are often additional obstacles that may be faced:

- ▶ Changes in taste and smell due to medications or as part of the normal aging process
- ▶ Difficulty chewing or swallowing certain foods
- ▶ Difficulty preparing or buying foods
- ▶ Consuming a decreased variety of foods
- ▶ Diet restrictions which make meals less appetizing

- ▶ Difficulty eating due to illness
- ▶ Decreased appetite
- ▶ Consuming more carbohydrate and less protein
- ▶ Preparing food for one person and/or eating alone.

There have been many changes in diabetic meal plans over the years. It was previously thought that people with diabetes should avoid all simple sugars. ***More current research shows that people should actually focus on the total amount of carbohydrate eaten at a given time rather than simple sugars.***

This is due to the fact that all of the carbohydrate that is eaten is converted to blood sugar. Carbohydrates are found in starchy foods such as

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breads, pastas, and cereals. They are also found in fruits, milk, yogurt and desserts. When we eat carbohydrate, 100% of it is converted to blood sugar in anywhere from 15 minutes to 1½ hours.

It is best to have your meal plan individualized by a registered dietitian or diabetes educator to help determine the number of grams of carbohydrate to be consumed at each meal. Most meal plans vary from 30-75 grams of carbohy-

drate per meal. This should be individualized, based on your daily caloric needs. You can use the Nutrition Facts on food labels to determine the number of grams of carbohydrate per serving. A small serving of fruit, a cup of milk or yogurt and a serving of starch (rice, pasta or cereal) all have about 15 grams of carbohydrate.

Every individual with diabetes would do best to consume a consistent number of grams of carbohydrate at the same time every day.

Beside carbohydrate, foods are also made up of protein and fats. Protein is found in foods such as beef, poultry, pork, fish, cheese and eggs. When protein is eaten, only 60% of it is converted to blood sugar. This takes about 3 hours to occur. Protein does not significantly affect the blood sugar unless large portions are consumed. It is best to limit meat to 2-3 servings per day. One serving should be 3 ounces or less. Three ounces of meat is about the size of a deck of cards.

Fat has very little effect on blood sugar. Only 10% of the fat we eat is converted to blood sugar and this takes about 6 hours to occur. It is however important to limit

the intake of saturated fat in the diet as fat increases the risk for developing heart disease. Saturated fats are found mainly in animal products such as whole milk, butter, fatty meats, cream cheese and sour cream. Fats should be limited to about 1-2 servings per meal. One serving of fat would be one teaspoon of butter, margarine, oil or mayonnaise. If light products are used, you may use a tablespoon.

Meal planning can be challenging, but the *Guide for Healthy Eating* table on the next page may help you.

It is important to eat your meals around the same times every day and the same portions. Most people do best with 3 meals per day. You may need snacks between meals or at bedtime to help control your blood sugar.

Diabetic meal planning does not need to be boring or tasteless. There are many diabetic cookbooks with delicious recipes. Check your local library! Try a new low fat recipe or a new healthier food product this week!

There are also many frozen meals, which list the diabetic exchanges on the

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GUIDE FOR HEALTHY EATING

FOOD GROUP	DAILY SERVINGS	SERVING SIZE (by measure or example)
GRAINS, BEANS AND STARCHY VEGETABLES	6-11 servings Or 2-3 servings per meal or snack	1 slice of bread ½ cup of cooked pasta ⅓ cup of beans ¾ cup unsweetened cereal 1 small potato
VEGETABLES (not including potatoes)	3-5 servings	1 cup of raw vegetable ½ cup of cooked
FRUITS	3-4 servings	1 small apple, orange, or pear (about the size of a tennis ball)
MILK GROUP	2-3 servings	1 cup of milk 1 cup of yogurt (without added sugar)
MEAT GROUP (includes eggs and cheese)	2-3 servings	3 ounces or less (about the size of a deck of cards)

- ▶ Sweets (cookies, candy, cakes, pie) can be eaten in moderation, if substituted for other carbohydrates in the diet.
- ▶ Artificial sweeteners, such as Aspartame, Sucralose, Saccharin, and AcesulfameK, are often used to help limit calories and carbohydrate in the diet.
- ▶ Alcohol can either raise or lower the blood sugar. It is important that you never drink alcoholic beverages on an empty stomach. If you take medication for blood sugar control, be sure to consult your doctor before consuming alcohol.
- ▶ Another important consideration is sodium intake. The ADA recommends that people with diabetes limit sodium intake to about 2400 mg per day or about 800 mg per meal.

label. These are easy to prepare and can be incorporated into most meal plans.

Some communities offer programs that deliver diabetic meals to your home and many senior centers also provide low cost, nutritious meals. Socializing with others can make meals more fun and interesting as well! ■

Pauline Knight is a Registered Dietician and a Certified Diabetes Educator for Diabetes Solutions, Community Based Health and Wellness Resources, Inc. Diabetes Solutions provides educational seminars and training for professionals and individuals with diabetes. For more information, you may call them at (909) 276-8243 or visit their website at www.DiabetesSolutions.net, or look for their website on *Vital Connections*.....

24-hour INFORMATION

Vital Connections 

www.vitalco.net

“...almost half the people between 65 and 69 now consider themselves middle-aged. So do one-third of people in their 70s.”

- recent Harris Poll

ESTATE PLANNING CAN PREVENT (OR LEAD TO) ELDER ABUSE

By Kathleen Whitney, Attorney at Law

Estate planning refers to the ordering of your affairs so that you will be taken care of during your life and the your assets will be managed if you become incapacitated, and your assets pass as the you wish after death. Estate planning devices may include wills, trusts, powers of attorney, living wills, and joint tenancies.

Unfortunately, elders are targets of financial abuse. People you trust may take advantage of powers you have given to them in estate planning devices. An example is a power of attorney, which can prevent elder abuse if the you choose someone you trust to make personal care decisions and manage financial affairs for you when you are unable to and if the power of attorney contains clear directions that reflect your wishes. On the other hand, a power of attorney can lead to elder abuse if it contains improper powers or powers you do not want the agent to have, such as the power given to the agent to make gifts to himself or the power to place you in a

psychiatric facility. You should be aware of circumstances that may lead to abuse.

1. Do you lack the capacity to execute documents: You are presumed to have the mental capacity to sign estate planning documents unless found by a court to lack capacity. Incapacity occurs when you are impaired by reason of mental illness, mental deficiency, physical illness or disability, advanced age, etc., to the extent you lack sufficient understanding to make or communicate responsible decisions.
2. Is someone exercising undue influence over you: Undue influence is present when (1) there is confidential relationship between you and another person; (2) you suffer weakness of mind in relation to the influential person; and (3) the person gains unfair advantage over you. Undue influence is present when someone isolates you from family and friends and then convinces you

to execute estate planning documents in that person's favor.

3. Is there a conflict of interest between you, the person preparing your estate planning documents, and another person: A conflict of interest occurs when a person who is going to benefit from your estate planning, such as a beneficiary to your will, brings you to a financial planner or attorney, directs the professional advisor as to what is going to be done, and/or pays the professional advisor's fees. An example is an adult child who takes her parent to a "financial planner" to qualify the elder for Medicaid, tells the financial planner to sell the elder an annuity that will not benefit the elder, but will benefit the adult child upon the elder's death.
4. Who might financially abuse you? Conservators, Caregivers, Agents acting under durable powers of attorney, Trustees, Representative Payees, Financial Planners,

Attorneys, Family Members, and Friends.

5. Are there remedies for financial abuse? The best remedy is to prevent the abuse by carefully choosing trustworthy people to act as agents, successor trustees, or conservators when preparing estate planning documents. However, if you believe that a person already designated is not acting in the your best interests,

you can amend or revoke a power of attorney or revocable trust. You can demand an accounting. If there is evidence of mismanagement, the agent can be required to make restitution to you. Victims can seek assistance from law enforcement or file a civil lawsuit. Punitive damages are available if there is evidence of oppression, fraud, or malice.

6. Who may bring an action? The victim, elder's conservator, the victim's spouse or agent acting under a durable power of attorney, other relative, Public Guardian, or an "interested person." ■

The Law Office of Kathleen Whitney is located in Palm Springs, California. For more information, visit the Desert Elder Law website <<http://www.desertelderlaw.net>> or call them at (760) 322-9229

Optical Loaner Devices Available from Blindness Support Services

By Christina Clever, Health Access Coordinator, Blindness Support Services

Optical devices, such as magnifiers, monoculars, and spectrashields are available for visually impaired persons who have an authorized prescription or recommendation from an Optometrist. The Optical Devices Loaner Service was begun to bridge the gap between diagnosis and delivery of personal devices, which can sometimes take up to 120 days.

Optical devices are loaned for a period of 120 days, but may be extended if their personal device has not yet been shipped. Manufacturer backorders and insurance hold-ups sometimes occur.

The availability of loaner devices is limited to stock on-hand. Persons, who are not clients of the Department of Rehabilitation, are required to leave a deposit of 50% of the value of the device, which is held and returned upon return of the borrowed optical device.

The Optical Devices Loaner Service is

made possible by The California Endowment.

The nonprofit Blindness Support Services provides assistance for blind, visually impaired and persons with disabilities to help improve quality of life and increase employment, independence and productivity. Other services include: Information and referral, Braille transcription, independent living skills training, mobility and travel training, computer training, employment preparation and job placement, peer support, affordable housing, and health education. Services are offered at no cost.

Under special circumstances, optical devices may be purchased directly from BSS.

To learn more about BSS services, call them at (909) 341-9244 or (909) 715-2655. ■

**FREE LIVING TRUST SEMINAR!
DO YOU WANT THE GOVERNMENT AND LAWYERS TO BE YOUR HEIRS?**

If you responded to the above advertisement, you are not alone. One of the most troublesome aspects of the growth of “elder law” is the recent proliferation of “Trust Mills,” organizations that advertise “free” workshops for seniors and then market living trusts for \$400 or less. Often the workshops are presented by non-attorneys, unqualified “paralegals” or sales agents who are paid on a commission basis for the trusts or annuities they sell. The attorneys who “oversee” the transactions seldom, if ever, meet with the clients to assess their estate planning needs and the trusts are generally boilerplate forms that can be obtained from a legal bookstore. Needless to say, this is not sound estate planning.

Most of the trust mills prey on the fears of seniors that the lack of a living trust will result in expensive and prolonged probate and/or substantial inheritance taxes. Many trust mill agents push living trusts and annuities as a way to “protect” assets if the client should enter a nursing home.

Myths and Facts

- ◆ There is no California inheritance tax and estates less than \$625,000 were exempt from federal taxes in 1998 (the limit was recently increased to \$1 million to be phased in over 9 years)
- ◆ A living trust is not exempt for Medi-Cal eligibility purposes, nor will it protect your assets from a Medi-Cal estate claim. If you receive Medi-Cal and leave your house in a living trust, there will be an estate claim.
- ◆ Annuities are not protected from Medi-Cal estate claims.
- ◆ A properly drafted and funded living trust can, however, help you avoid probate fees, provide a smoother transition for administration of the estate and can ensure greater privacy of your affairs.

In April, the Attorney general and the California State Bar shut down Alliance for Mature Americans, a trust mill that was accused of large-scale consumer fraud. The AMA agreed to make restitution of \$1 million and to pay a civil penalty of \$100,000. Hopefully, this is the first step in shutting down trust mills throughout California.

While living trusts and other types of trust can be beneficial in the estate planning process, estate planning is a very personal process that requires individual consultation with a qualified planning attorney. Sorry, but trust and annuity sales agents don’t qualify. Yes, it may cost you more than \$399.99 for a competent estate plan, but in the end you get what you pay for.

This information was provided by CANHR—for more information, you may contact them directly at:
California Advocates for Nursing Home Reform (CANHR)
1610 Bush Street | San Francisco, CA 94109
(800) 474-1116 (Consumers only, please) | (415) 474-5171
Website: www.canhr.org ■

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PLANNING TO SEE YOUR DOCTOR

by Richard Smith

A visit to the doctor isn't what it used to be! Of course, maybe we used to be too trusting and willing to put our health and well-being in some else's hands anyway?

But, as the times have changed, it has become necessary for us to make many changes in our behavior as consumers as well. It is very important that we now realize that a trip to the doctor requires us to prepare in advance and be involved in the processes of diagnosis and treatment....really not much different than a trip to the auto repair shop! And who would even think of going to a car repair shop and saying, "Go ahead and do anything you want and then just give me the bill."

Before we go to the doctor, we need to prepare by writing down a detailed description of the problem—

- ▶ When it first started
- ▶ What was noticed
- ▶ How the symptoms have changed
- ▶ Are there other problems that may seem unrelated?
- ▶ What changes have occurred in our life? —Foods? Medications? Stress? Exer-

cise? Sleep?

- ▶ Any self-treatments we may have already tried
- ▶ If we've experienced the same or a similar problem before? When? What finally happened that time?

Our responsibilities as effective consumers of health services have just begun when we make this list!

When we see the doctor, we need to start by telling them all of the things we have on our list. [If you give them your list, make sure that you talk with them about it too so that you are sure they understand the history of the problem.]

A good idea also is to take a note pad along and then write down the information we receive so that we can remember exactly what was said:

- ▶ The doctor's diagnosis
- ▶ The probable cause that is described (ask if this information isn't offered!)
- ▶ The doctor's recommendations for treatment

When medications, tests, or treatments are suggested by the doctor, ask these questions and write down the answers:

- ▶ What is the name?

- ▶ Why is it needed?
- ▶ What are the costs and risks?
- ▶ Are there alternatives?
- ▶ What if I do nothing?
- ▶ Does any medication prescribed interact with other medications that we may already be using?
- ▶ What to do to prepare for the test or treatment?
- ▶ Is there anything we can do ourselves at home?
- ▶ What are danger signs to watch out for?
- ▶ How and when will I get the test results? And then what?

It is important to remember that doctors work for us! They are there to help, but it is our responsibility to make sure that they clearly understand our problems and concerns and that the treatments we receive are what we want. ■

EXPRESS YOURSELF!

Want to let Governor Davis know what you think about issues or proposed legislation?

Email him:
graydavis@governor.ca.gov

Send fax: (916) 445-4633

Why the Americans with Disabilities Act is Good for Our Country

by Phil Kaplan, ADA Coordinator, City of Palm Springs

Ten years ago, President George H. Bush signed into law the most far reaching piece of legislation on behalf of those with disabilities that has ever been written anytime, anywhere. The Americans with Disabilities Act (ADA), a federal law passed on July 26, 1990, has changed the architecture and the attitudes of millions of people in this great country of ours.

As a testimony to our American values, the ADA reflects how freedom translates into inspiration for change, innovation to solve problems, and the foundation for hope. Simply put, the ADA has been good for our country. It promotes a national psyche that is more accepting and understanding of people who historically have been isolated from the mainstream of society.

By addressing the need to make provisions for those with physical or mental challenges, the ADA intent is to create an environment where the disabled can participate fully in all aspects of our society. The springboard for this inclusion of the disabled is the

ADA mandate for the removal of architectural barriers.

The requirement for access to buildings, transportation and outdoor areas serving the needs of the mobility impaired, vision impaired, hearing impaired and speech impaired has created new opportunities for increased interaction between the disabled and non-disabled, resulting in a reduction of the attitudinal barriers and stereotypes of the past.

From this, the disabled have a new sense of

“The ADA is about building bridges in human interaction...”

their civil rights and a more positive self identity, including a new sense of strength and demand for inclusion. For the non-disabled, there is a growing understanding and respect for people with disabilities. Their exposure to those with disabilities is creating an awareness that is exemplified by the many thousands of (welcome mat) “disabled parking” spaces

that now dot the landscape.

All this would not have occurred if not for the Americans with Disabilities Act. The ADA is about building bridges in human interaction and giving people hope for a decent life. It is a clear sign that our country is evolving with compassion and leading the way in honoring all of it's people. ■

Meeting the Challenges

Needs More Partners.....

This quarterly publication is now distributed to approximately 12,000 recipients and readership surveys indicate that each issue has at least *two to three times* that many readers! This high rate of sharing with family, friends and co-workers tells us that our work is appreciated!

But there are *many more people who would like to be added to our mail list*. We need the funding support of more partners to make this happen. Call us at 1-800-510-2020 for information on how your organi-

HANDY SHUTTLE SERVICE NOW IN HEMET!

Have you seen THAT BUS WITH THE RED AND BLACK SPOTS? If you live in Hemet, chances are that you've seen it at the mall, one of the mobile home parks, or somewhere in between!

This is Riverside Transit Agency's "Ladybug" shuttle service. The service was "...tailored to Hemet's unique demographics," according to Susan Hafner, RTA's general manager.

The shuttle service links many mobile home park residents to shopping and services. The route takes riders to the Hemet Valley Center, the Hemet Valley Mall, the Department of Public Social Services office, the Civic Center, Hemet Valley Hospital, and Kmart, with many key transfer points, along the way, to fixed-route buses.

The Ladybug Shuttle visits the following mobile home parks along the way:

- ◆ Devonshire downs
- ◆ Eden Roc Mobile Villa
- ◆ Colonial Country Club Mobile Estates
- ◆ Heather Estates
- ◆ Sierra Dawn North
- ◆ Downtown Estates
- ◆ Sierra Dawn South

◆ Casa Del Sol RV Park
The shuttle makes the full circle in just over an hour, Monday through Saturday, beginning at 10:10 am at the Hemet Valley Mall and ending daily at about 8:30 pm.

For exact schedule information on the Ladybug Shuttle, and other RTA routes, please call RTA at 1-800-800-7821 ■

PERRIS TO GET NEW BUS SATELLITE FACILITY

A \$2,466,994 grant was awarded to Riverside Transit Agency for the design and engineering of a bus satellite facility in Perris, according to Representative Ken Calvert.

Calvert said, "This is great for Riverside County as it continues to see tremendous growth, both in population and business."

According to Calvert's office, expansion of the service for Riverside County is expected to bring additional benefits to the senior citizen community, welfare-to-work participants and students. ■

SOME RESOURCES FOR COMBATING AND REPORTING ELDER ABUSE

To report suspected abuses against an elderly person.
Adult Protective Services
(800) 491-7123

Assistance for victims of domestic violence.
Free counseling. Shelter.
Alternatives to Domestic Violence
(800) 339-7233

American Bar Association, Senior Legal Services
ABA Legal Problems Of the Elderly
(202) 331-2297

To check on the status of a physician or file a complaint
California Medical Board
(800) 633-2322

To check on the status of a contractor's license or file a complaint
Contractors License Board
(800) 321-2752

Riverside County C.A.R.E.
(Curtailling Abuse Regarding the Elderly)

(909)791-3446

Desert (760)836-1606

California's New Health Care Decisions Law: SOME QUESTIONS AND ANSWERS**♦ What is the "Advance Health Care Directive"?**

This flexible form can serve either one (or both) of these functions: Power of Attorney for Health Care (to appoint an agent or "surrogate") OR Instructions for Health Care (to indicate your wishes).

♦ Does this new law and the new form mean that my previously completed Durable Power of Attorney for Health Care is no longer valid?

Not at all! You do not have to change previous Durable Power of Attorney for Health Care or Pre-Hospital Do-Not-Resuscitate forms if you choose not to.

♦ I've never completed an "advance health care directive" before. Why should I?

Persons of all ages may unexpectedly be in a position where they cannot speak for themselves, such as an accident or severe illness. In these situations, having an "advance health care directive" assures that your doctor knows your wishes about the kind of care you want and/or who the person is that you want to make decisions on your behalf.

♦ Does this mean only one person can decide for me? What if I want others involved too?

Often many family members *are* involved in decision-making. And most of the time, that works well. But occasionally, people will disagree about the best course of action, so it is usually best to name just one person as the agent (with a back-up, if you want). You can also indicate if there is someone who you do NOT want to make your decisions for you.

♦ But I thought the doctors make all those life-and-death decisions anyway?

Actually, doctors tell you about your medical condition, the different treatment options that are available to you and what may happen with each type of treatment. Though doctors provide guidance, the decision to have a treatment, refuse a treatment or stop a treatment is yours.

♦ What can my agent do for me?

It is a good idea to discuss your values and beliefs with your agent so that they can make decisions for you that are based on your wishes. Your agent will make all decisions for you, just like you would if you could. Your agent can choose a doctor and where you will receive care, speak with your health care team, review your medical record and authorize its release, accept or refuse all medical treatments and make arrangements for you should you die.

♦ Where can I get an Advance Health Care Directive form?

They are often available from your local hospital—call the Social Services or patient education department. Or ask your doctor.

♦ Are there oral instructions that don't involve a form?

Yes. You can make an individual health care instruction orally to any person at any time and it is considered valid. All health care providers must document your wishes in your medical record, but it is often easier if your instructions are written down.

♦ What if I change my mind?

You can revoke your form (or your oral instructions) at any time. Also, it's a good idea to try and retrieve old forms and replace them with new ones.

[SOURCE: California Coalition for Compassionate Care—For more information, call (916)552-7573] ■

Why Would I Want to Mess with a Computer?

by Michael Barnard, Executive Director, Joslyn Cove Senior Center, Palm Desert

Betty sighed, “I thought that I could skip this, I am almost eighty years old! But my great grandchildren want to send me e-mail, so I am here to learn about computers.”

Arthur says “My son gave me a computer for my birthday and set it up for me to use. I taught myself how to play Solitaire, but I guess I could learn how to really use it.”

After spending many years caring for her late husband, Florence said, “I guess I should get into the 90’s and buy a computer.”

These are just a few examples of seniors that have learned how to use computers to communicate with friends and family, educate themselves and even make money. Seniors are the fastest growing segment of new computer users and many have connected to the Internet to uti-

lize e-mail.

Seniors can take computer classes from a variety of sources and learn the latest software applications such as Windows 98, Office 2000, Adobe PhotoShop, QuickBooks, MS Works and Quicken, as well as using e-mail and accessing the Internet. Many entry-level classes teach the basics of how to use a computer and do word processing. Other exciting classes may include Digital Photography, Scanning and Photo Editing, and even Web Design – maybe you can start up a website just for your family! Classes are offered at senior centers, libraries, community colleges, adult education programs, universities and their extension programs and computer stores.

Unlike before, Betty can NOW take pictures of her latest vacation and e-

mail them to her great grandchildren. Arthur can hear from his son almost daily and keep his family posted on how and what he is up to. And Florence has learned how to pay her bills and balance her checkbook using her computer! If you or someone you know is still afraid of computers or thinks that they are for young people, why don’t you visit your local senior center, school or library and find out how to learn more about the excitement and convenience that computers can bring to your life too!

Daytime and evening classes are scheduled each week at the Joslyn Senior Center, fees for center members are \$25 for the two hour session and \$150 for the six session series. Class size is limited to eight students, each with their own computer for hands on learning. To register or receive a class schedule, contact Computer U at (760) 340-0306. ■

Website REVIEW: New and useful, www.LivinEasy.com says it is “The Easy Gateway to the Internet”. If you are new to the Internet, this may just be the best place to start. Free training is provided through an on-line guided tour....BASIC CONCEPTS....USING THE MOUSE....USING E-MAIL....UNDERSTANDING THE INTERNET...and more....written in a down-to-earth style, these lessons are easy to understand and soon you too can be an “old hand” with the new technology! Even if you already understand computers and the Internet, you will find some new and useful things in the LivinEasy articles, tips and services for the “Saavy Surfer” section. For your convenience, we have placed a direct link to LivingEasy.com in the Computer Resources section of Vital Connections.

Need a number for senior services?Office on Aging Senior HELPLINK ...1-800-510-2020

**SunLine Transit Agency becomes
the NEWEST Vital Connections *SPONSOR*!!**

24 Hour 7 Day Information and Resources @ www.vitalco.net
.....for individuals, families, caregivers *and professional service providers*

***SunLine Transit Agency provides numerous services designed
to improve mobility for seniors and persons with disabilities -***

SunBus, Special Monthly Passes are available to seniors (60+) or persons with disabilities. Proof of age is required. Cost is \$16 and are good for unlimited rides. SunBus travels throughout the entire Coachella Valley, and to the Morongo Basin. Call Customer Service weekdays 8-5 for free trip plans: (760) 343-3451.

SunDial, available to ADA certified individuals who are unable to ride SunBus. Trips can be used for any purpose. Cost is \$1 per ride within the rider's zone (or community), \$1.50 if outside the community (but within the Coachella Valley). Same day service is available. 10-coupon books can be purchased for \$5 from SunLine. To reserve a ride, call (760)341-6999, or from Desert Hot Springs, call (760)323-6999.

SunDial Group Trips, available to groups of 5 or more who leave from and arrive at one designated spot (for example, from the Senior Center to a movie theatre and back). Cost is \$0.50 per person each way. To book a trip, call (760)341-6999, or from Desert Hot Springs, call (760)323-6999.

SunLink, offers express service from the Coachella Valley to Riverside Metrolink station and Riverside Transit Agency. Four rides each weekday. Kids under 5 ride free. Group discounts and passes are available. Call Customer Service, (760)343-3451 for full details.

SunTrip, available to seniors (60+) and persons of any age with disabilities. SunTrip encourages participants to make their own arrangements for rides with volunteer drivers of their choice, then reimburses the drivers for their mileage at the rate of \$0.28 per mile up to 300 miles per month. Rides can be used for any purpose. Call 1-800-347-8528.

Vet's Express, free rides to Vets each weekday from the Coachella Valley to the VA Medical Center at Loma Linda. Reservations must be made in advance. Call (760)341-6999, or from Desert Hot Springs, call (760)323-6999. ■

You can even..... "Ask the Experts"@ Vital Connections<http://www.vitalco.net>

SPECIAL SUPPLEMENT.....

CAREGIVER NEWS from the Alzheimer's Information Network (Reprinted with permission)**Brain exercise may delay neurological diseases....**

An active, stimulated brain helps to delay the onset of fatal brain disorder in mice and may do the same for humans, British researchers say.

Huntington's disease is caused by a genetic mutation that kills nerves in a region of the brain that controls movement. It usually affects people between the ages of 35 and 40. There is no cure for the illness which begins with spasms and gets progressively worse.

Anton van Dellen and scientists at the University of Oxford have discovered that mice had a delayed onset of Huntington's if their brains had been stimulated and kept active. Although you can't compare mice with humans, many of the principles used to enrich the environment of mice can be applied to humans as well, according to Van Dellen. "The basic principle is sound. The more enriched your environment, the greater the amount of stimulation, the more the brain undergoes changes which protect from disease," he added.

Studies by other scientists support the theory that an active brain helps to delay brain diseases in animals and possibly in humans. The researchers believe that an active brain may also delay Alzheimer's and other neurological

diseases.

**Genetics looks at apoE as a possible treatment....**

Scientists have known for some time that people with the gene variant apolipoprotein E4 (apoE4), found on chromosome 19, are at increased risk of developing Alzheimer's-linked dementia. But, in a new study, UC San Francisco researchers reported that apoE3, a different strain of the gene, may actually *prevent* the onset of some Alzheimer's symptoms—opening an intriguing new front in the battle against the disease.

"There are major questions...why, and how apoE4 increases Alzheimer's risk...and there is still no answer to that question," said the study's lead author, Lennart Mucke. "This will allow us to focus on the effects of E3 and E4, which could have therapeutic implications."

The study, published in *Nature*, examined groups of mice carrying several forms of the apoE gene. By testing maze-solving ability, the study showed the memories of mice with the human E3 variant deteriorated less than those with the E4. But both types of mice had similar levels of beta-amyloid, the protein that forms plaques in the brain, thus leading researchers

to conclude that the apoE3 variant actually protects the brain against deterioration caused by beta-amyloid buildup.

The study suggests that these two apoE variants have a strong effect on amyloid-induced cognitive impairments. Mucke said the study indicated that work currently underway to develop drugs which mimic the effect of apoE3 could produce valuable new treatments. "If we are able to simulate that effect with drugs we may be able to delay onset of cognitive impairments," Mucke said.

**Could a "sugar substitute" be causing a rise in Alzheimer's cases?**

At the recent World Environmental Conference on Aspartame, it was announced that there was an epidemic of neurological diseases thought to be caused by the sugar substitute.

The wood alcohol in Aspartame converts to formaldehyde (grouped in the same class of drugs as cyanide and arsenic), and then to formic acid. Aspartame changes the brain's chemistry and is the reason for severe seizures. This drug changes the dopamine level in the brain, which can severely affect people with Parkinson's Disease.

Aspartame is found in over 5,000 products, and is marketed under the brand names NutraSweet, Equal, Spoonful, etc. Symptoms of Aspartame toxicity are fibromyalgia spasms, shooting pains, leg numbness, cramps, vertigo, dizziness, headaches, joint pain, depression, anxiety attacks, slurred speech, blurred vision, and memory loss.

Memory loss is due to the fact that aspartic acid and phenylalanine are neurotoxic without the other amino acids found in protein. Thus, it goes past the blood brain barrier and deteriorates the neurons of the brain.

Phenylalanine in aspartame breaks down the seizure threshold and depletes serotonin, which causes manic depression, panic attacks, rage and violence.

Neuro-surgeon Dr. Russell Blaylock says, "The ingredients stimulate the neurons of the brain to death, causing brain damage of varying degrees." Dr. H.J. Roberts, who is regarded as a world expert on aspartame poisoning, in his book Defense Against Alzheimer's Disease, explains why he thinks aspartame poisoning is escalating Alzheimer's disease. According to the Conference of the American College of Physicians, there is a "plague of neurological diseases caused by this deadly poison."

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Third AD treatment drug approved by FDA....

A third drug has been added to the arsenal of treatments for Alzheimer's disease as Novartis Pharmaceuticals has received U.S. Food and Drug Administration marketing clearance for Exelon, a cholinesterase inhibitor for the treatment of mild to moderate Alzheimer's disease. The other two are Cognex (tacrine) and Aricept (donepezil).

Exelon has proven effective in improving activities of daily living, behavior and cognition. Nearly 5,300 patients have received Exelon in clinical trials, the largest program of an Alzheimer's disease medication to date.

Clinical programs are ongoing to examine Exelon's effect in patients with mild cognitive impairment and in more severely ill outpatients, as well as patients in nursing homes with moderate to severe Alzheimer's.

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Is there a vaccine for AD?

Elan Corporation is continuing Phase 1 clinical studies in both Britain and America of its Alzheimer's "vaccine", AN-1792, or Betabloc. AN-1792 is a form of the beta amyloid peptide (or protein molecule) that forms plaque in the brain. In mice, that had AD and were given injections of AN-1792 over a seven-month period, the level of brain plaque

did not increase and, in some cases, was reduced. So far, Phase 1 trials have shown that the potential vaccine is safe for humans.

Patients' brains are full of amyloid plaques and plaques lead to death of brain cells. The plaques' main ingredient is beta amyloid. Elan theorized that a vaccine made from beta-amyloid would stimulate the immune system to recognize and attack the protein. Vaccinated mice developed immune system antibodies when given Betabloc. It was found that the brains of vaccinated mice contained no plaques, or very low levels, while their unvaccinated littermates had extensive plaques.

A University of Toronto study found that mice bred to develop Alzheimer's, when given Betabloc over several months, remembered how to get through a maze far better than unvaccinated mice—promising evidence that the vaccine may affect symptoms, not just levels of plaque.

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Chemotherapy and memory....

According to Tim Ahles, a clinical psychologist and professor at Dartmouth Medical School, standard doses of Chemotherapy can lead to permanent, but non-worsening, mental deterioration in some patients. ■



MUSIC AND RELAXATION THERAPY FOUND TO EASE PAIN!

Results of a study, reported in the journal *Pain*, suggest that music and relaxation therapy, when used together or separately in combination with medication, are more effective at relieving postoperative pain than medications used by themselves.

Traditionally, people receive an opioid medication such as morphine or Demerol for postoperative pain and, in many cases, these medications do not provide enough relief. Pain can lengthen recovery time by hurting appetite and sleep, and increasing levels of stress, tissue breakdown and fluid retention. People who received music and/or relaxation therapy in addition to pain medications reported significantly **less pain** than those who didn't receive the alternative therapies.

[SOURCE: SPRING 2000 *Health Scene*, published by the Riverside Medical Foundation]



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