

Meeting the Challenges

Quarterly

JOURNAL

published since 1989 by the non-profit

*Partnership to Preserve Independent Living
for Seniors and Persons with Disabilities*

On the Internet @ www.LivingPartnership.org

...and @ www.Vitalco.net **Vital Connections**

*Spring 2003
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A special publication of positive, informative and insightful articles to educate, empower, and inspire.....

Can Frailty Be Treated?

When we think about someone who might be frail, we think of people who maybe have a hard time standing or walking or who are weak, maybe very thin. In fact, frailty is identified when a person has combinations of such things as:

- Unintentional weight loss of 10 pounds or more in the past year
- Self-reported exhaustion
- Weakness, as measured by grip strength
- Slow walking speed
- Low physical activity
- Inability to perform instrumental activities of daily living (IADLs) including preparing of meals, doing light housework, getting around outside the house, and shopping
- Being unable to take off or put on a coat when necessary
- Difficulty climbing steps

- Difficulty standing up from a seated position.

A person who is frail has an increased risk for falls and injury, illness, loss of independence and even death. The causes of frailty in later adulthood include inadequate diet and poor nutrition, persistent depression, physical inactivity, being homebound and isolated from other people, and a history of heavy drinking or smoking.

A key component of frailty is the loss of muscle mass. Decreasing muscle mass can result from increasing secretions of the adrenal gland, which also result in lower resistance to infectious disease. As we age, lower hormone levels, in both men and women, contribute to loss of muscle.

However, people who view their health as poor, who have multiple chronic conditions, who are using five or more

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medications (regardless of the underlying diseases), who have sight impairment, who are obese, or who have a low income level, are all at greater risk to become frail.

The treatment of frailty needs to be “multidisciplinary”, according to Dr. Sudhir Kakarla, who is a Fellow in Geriatric Medicine at Arrowhead Regional Medical Center. He says that medical conditions need to be treated, vaccines need to be given to increase resistance to infectious disease, and smokers need to stop smoking. Dr.

Kakarla recommends rehabilitation therapies and exercise training regimens to improve fitness, muscle strength, flexibility and mobility, as prescribed by your physician.

Proper nutrition is very important. Many people stop cooking and eating properly when they find themselves alone. Inviting friends or neighbors to join you for dinner can encourage you to cook and eat more healthy meals. Meals on wheels programs can help those who are home-bound.

In many cases, frailty can be halted and even reversed. Here's what to do:

1. See your doctor for treatment of contributing medical conditions, appropriate vaccinations, and a recommended plan of exercise
2. Stop smoking and limit alcoholic beverages
3. See a mental health professional for treatment of depression
4. Turn off the TV and get out and do things as much as possible
5. Go to a senior center and become involved in the activities
6. Make new friends
7. Take up new interests
8. Eat a balanced diet of healthy foods

9. Do your exercises regularly.

According to Dr. Robert Pokorski, “Some age-related changes are *due to disuse and not aging*, and the lost fitness can be regained with regular physical activity, even in extreme old age.” He continues, “Strength training does not halt the underlying loss of muscle fibers, but the improvement in strength may be equivalent to 10 to 20 years of *rejuvenation*” !!

[SOURCES: “Detection and Significance of Frailty in Elderly Insurance Applicants” by Robert J. Pokorski, MD, in General Cologne RE, and a background report provided by Sudhir Karkarla, MD, Fellow, Geriatric Medi-

Meeting the Challenges

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Better Business Bureau skeptical about *Senior Moment*

When asked for substantiation of claims that *Senior Moment* “maintains and enhances memory function”, Nutri-max, maker of the product, produced studies that the National Advertising Division of the Better Business Bureau concluded were “insufficient to provide a reasonable basis for (Senior Moment’s) efficacy and performance claims”.

A New Challenge.....

Recent changes in political and economic circumstances, throughout America, have resulted in major budgetary changes at Federal, State, and County levels. As might be expected, the budget cuts are passed down and ultimately impact every organization that is affiliated with governments. Our non-profit's funding, from the County, for *Meeting the Challenges* has also been affected. Previous grants, from the Office on Aging, have mostly subsidized this publication since 1989, but will not be possible beginning July 1st.

Therefore, in order to insure the uninterrupted publication and distribution of this distinguished and valuable community resource, we are appealing to you, our readers, to help with a tax deductible, charitable contribution. Time is short and we need your help.

Meeting the Challenges publishes educational, interesting, relevant and timely articles on health, finance, caregiving, grandparents raising grandchildren, access to transportation, legal issues, medical and long term care planning, estate planning, proper nutrition, as well as numerous articles that encourage and instruct on how to maintain a "can do" attitude. We strive to provide positive, informative and insightful articles that educate, empower, uplift and inspire in a pure journalistic format, unbiased and free of paid advertising.

But, it costs thousands of dollars to publish, print and mail each issue, so we need your help. If you agree that ***Meeting the Challenges*** is an important resource for you and our Community, please send a donation today of \$10, \$25, or \$50, or whatever amount you can, to the non-profit: Partnership to Preserve Independent Living, Meeting the Challenges, 6296 Rivercrest Drive, Suite K, Riverside, CA 92507.

- With sincere thanks for your support,
Richard Smith, Editor

ARE YOU CAUGHT IN THE CONTROVERSY OF PAIN?

FIBROMYALGIA: Difficult to Live With / "Difficult to Diagnose"

Do you wake up in the morning, with muscles so stiff you can barely move? Do you hurt all over and are constantly tired, but have difficulty sleeping? Your doctor has ordered lots of lab work but can't seem to find anything wrong with you? Just like five and one-half million other Americans, you may be suffering from Fi-

bromyalgia.

According to Dr. Isadore Rosenfeld, the disease can attack anyone at any time in their life, but mostly affects women, between the ages of 20 and 40.

If you have had most of the following symptoms for over three months, you may be suffer from the disease:

- Deep, aching pain in any

part of the body-neck, between the shoulder blades, hips, knees

- Sleep interrupted several times a night for no reason
- Very tired all day
- Throat tends to be sore
- Attacks of diarrhea or constipation, despite a normal bowel examination
- Intolerance to heat, cold or changes in the weather

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- Abnormal sensitivity to light, odors and loud sounds
- Mottled skin.

Other symptoms include headaches, numbness and tingling in the hands and feet and a sense of that muscles are swollen, even though they aren't, according to Dr. Muhammad Yunus, professor of medicine at the University of Illinois. Dr. Yunus conducted the first controlled study of Fibromyalgia in the early 1980s. Dr. Yunus says flatly, "Fibromyalgia is not a psychological condition." He believes that the disease has more to do with the body's chemistry, citing a chemical imbalance as the cause for the hypersensitivity of patients to pressure, smell, noise and light.

There are many other theories about the causes of Fibromyalgia, as well, but none have yet been proven. Some doctors believe that certain environmental factors, such as stress, poor sleep, physical or emotional trauma, even being "out-of-shape", may be at the root of the pain. Some have thought it might be a result of injury to the central nervous system.

Research continues,

but there is no consensus other than it is real and debilitating to those who suffer from it.

Dr. Yunus says that sufferers of Fybromyalgia have "sore spots" on their bodies. According to criteria, established in 1990, there are 18 specific sites on the body where these sore spots occur and a patient needs to have at least 11 of them to be diagnosed with the disease. Others dispute the number of "sore spots" required as a basis for diagnosis, and Dr. Yunus hedges on this too by emphasizing that patients need not demonstrate at least eleven points of pain to receive treatment "if they have other symptoms".

Blood tests given to people who complain of Fybromyalgia's symptoms often are normal, but may reveal a deficiency of serotonin, a chemical that transmits nerve messages in the brain and whose levels are lower in persons suffering from depression.

There is no known cure for Fybromyalgia, but some combination of the following are recommended by the Mayo Clinic to help reduce the symptoms:

- Stay active, but avoid overexertion and emotional stress—allow time each

day to relax.

- Exercise four or more times a week—initially, exercise may increase the pain, but staying with it often improves symptoms. Suggested exercises include 20-30 minutes of walking, swimming, biking and water aerobics in addition to stretching.
- Develop regular sleep hours and keep to the schedule.
- Messages, hot baths and relaxation techniques help some people.
- Others take moderate doses of over-the-counter pain relievers and non-steroidal anti-inflammatory drugs, such as Ibuprofen.
- Some physicians may prescribe antidepressants and sleeping medications.

Dr. Rosenfeld says, though difficult to diagnose, "Fibromyalgia is not all in your head!" No specific inheritance pattern has been established but, if you have it, it is likely that another of your blood relatives has it too.

[SOURCES: Health Oasis at the Mayo Clinic website and Special Reports at Dr. Koop's website, both easily accessible in the Health and Medical section of the Partnership's *Vital Connections* information portal at www.Vitalco.net Lois Jackman provided a copy of Dr. Rosenfeld's July 18, 1999 article, "When It Just Hurts All Over".]

The Miracle of Cochlear Implant

By Betty Coombs

I am an 84 -year-old deaf widow living on my social security and working as a volunteer helping the Deaf and Hard of Hearing to cope with their hearing loss. I have recently been the recipient of a cochlear implant. No hearing person could possibly understand the miracle of hearing birds and being able to carry on a conversation with people that the cochlear implant provides.

I have lived in that so called "quiet world" since early childhood, and hearing things now that I can't identify is an ongoing adventure.

One thing that has been so great is hearing automobiles. I have a hearing dog that I walk every morning and it has been scary as the road is narrow and many cars come down the hill very fast. I could not hear them coming until now. It is such a relief to be able to tell when a car is coming before it is right beside me.

Something funny happened too. I kept hearing women's voices talking on and on. I got tired of hearing them and wished they would stop. Finally, at home, where there were no women to be

talking, I realized that my shoes squeak and when I stop moving the voices stop.

There are three parts to a cochlear implant.

- (1) The operation where an electronic device is surgically placed just under the skin in the mastoid bone. This operation is performed by a surgeon while the patient is under anesthesia. There is a period of about six weeks when the incision is healing. There is no hearing left at all in that ear. It is a permanent implantation. The decision to have this done is not made lightly. Many factors have to be considered before the final decision is made.
- (2) The day the external part of the implant is attached is a day to be remembered for many long years. It is exciting, fearful, with high expectations in spite of many people giving the advice of "don't expect too much too soon". Then the wonderful words "can you hear me speaking to you?" loud and clear. This is a very happy day.
- (3) Mapping. I have no idea where that term came

from but this is where a highly trained audiologist works with a computer to "map" your implant. The first one is confusing and sometimes amusing but so important. Mapping must be done with the audiologist over a period of weeks until you are both satisfied that you are getting the most out of this implant.

People change, health can change, many environmental things can change the mapping, so having a good audiologist who learns about you and what you are trying to achieve is very important. Doctors who have training in cochlear implants are in very short supply. Trained Audiologists who work with the implanted are in even shorter supply. So, completing the surgery may require implant recipients to travel to Los Angeles or San Diego, which may be difficult for some and may require that arrangements be made for a friend or relative to help.

"The indispensable first step to getting the things you want out of life is this:

decide what you want."

-Ben Stein

THE TRANSPORTATION SOLUTION ***FOR EVERY COMMUNITY***

By Richard Smith

We know that the private vehicle is the overwhelming choice of Americans for local travel purposes – at least 93% of people over the age of 50, according to 2002 AARP research. We prefer this form of transportation because it provides *convenience* of scheduling, and maximum *ease and comfort* of travel.

As challenges to personal mobility increase, through the discomfort of illness or diminished physical stamina, our preference for ease, comfort and convenience of travel increases as well. The truth is that the more difficult things are for us personally, the more difficult it may be to use public transit.

Riverside County's TRIP Program was created by a collaboration of agencies and organizations that understood this reality. TRIP, through its payment of mileage reimbursement, encourages ride-sharing by volunteer driv-



ers for those of us who are unable to drive ourselves and need special transportation assistance.

In almost all things, helping others is the American way of life. With TRIP provided funds for volunteer reimbursement, this great "can do", "pitch in and help your neighbor" attitude can help eliminate transportation poverty on the streets of your community.

All it takes to start the wheels rolling, *in any community*, is an organization, agency or business that is ready to say, "Yes. We want to be part of the solution!" The rest is easy! To get this proven solution started in your community, call Gail at 1-800-510-2020 today!



Linda Rosenbek with Dorothy Hodges - *Helping Hands Outreach Antiques and Thrift* is a Volunteer Driver Corps partner for TRIP serving the Banning-Beaumont area. If you would like to volunteer at Helping Hands, as a reserve driver or to help in other ways, such as clerking in the store, drop in and see Dorothy today—1486 W. Ramsey in Banning.

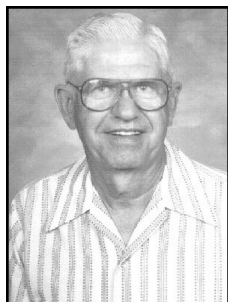


Dan Bass, Executive Director of Jewish Family Service of Palm Springs and Desert Area - New Volunteer Driver Corps partner for TRIP, JFS has many volunteer opportunities for those who want to give some of their time to help create joy for neighbors throughout the greater Coachella Valley. Those interested in helping can call Gladys Becker, Director of Volunteer Services, at 760.325.4088

CAC (services for people with disabilities)Riverside (909) 274-0358 ...Indio (760) 347-4888

What Is It Like to Be a Volunteer Driver?

According to Volunteer Driver Corps member, Gerald Rieken, it is an experience of "joy, both for the client and myself." Mr. Rieken is a volunteer in the Temecula Valley, who says that he knows it



can be "very lonely for people when they can't travel on a whim" and that it is also very hard for some to rely on public transportation to get to medical appointments. He adds that, "Some of his riders have such interesting life experiences to share" and that

the time volunteer and rider spend together not only helps the rider to travel, but sometimes is the basis of new friendships.

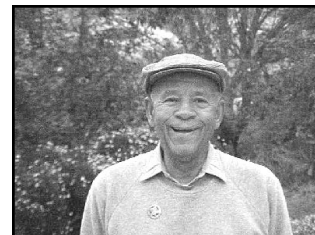
Edith Hall, television actress, says that what she likes best about being a volunteer driver is "helping seniors to achieve and keep their independence by doing the things they need and want to do." She reminds us that there are so many seniors who need help and that we never know when we might be in the same situation.



John Williams says he had lots of time on his hands, and found that mostly he was just sitting around watching television. Instead, Mr. Williams wanted to do "something", so he became a volunteer driver to meet people, to help them, and to share and learn from life stories.

Mr. Williams says, "The emotional rewards are endless." He tells about how the riders really love the conversations too. He

remembers one time when he brought the rider back home and she just sat in his car and continued to talk. He relates that he asked her, "You don't want to go in, do you?", and she answered, "No. I haven't talked to anyone in a week."



Maureen Miranda says her volunteer driving began when she saw seniors walking and carrying grocery bags in her mobile home park and she just asked them if they needed a lift. Now she says, "I drive for several people who are new friends, which really feels good."

Bert Schubert became involved through her church. She says she used crutches up until the age of 39 and knows first hand about relying on others for transportation. She adds, "It makes you feel so good to help others and you never know when you will need help for yourself."



Mary Lewis was already helping friends in Riverside and decided to help others, since the TRIP reimbursement helps with the cost of gas. She enjoys the friendships, feels like she is contributing in an important way and that she is not wasting her life.

These are special people, who are pitching in and making a positive difference in their communities and in the lives of those they befriend as *volunteer drivers*.

Office on Aging's
NUTRITION INFO VAN

This new mobile service will be coming to your community soon to bring information to you on:

- Nutrition questions
- Healthy life-style
- Access to health services
- Access to social services

Call the Riverside County Office on Aging at 1-800-510-2020 to find out when the van will be in your neighborhood, and plan to drop by and chat or pick-up some of the easy to read materials they provide.



Jewish Family Service...PEOPLE HELPING EACH OTHER

Jewish Family Service of Palm Springs and Desert Area provides social services to promote the well-being of people of all ages, incomes, faiths, and life-styles.

Services include case manager assessment of care needs for elderly Valley residents, the design of appropriate action plans and coordination of necessary services, such as hot meals, transportation and help with paying bills.

Caseworkers and therapists help families learn how to live, love and work together in healthier ways, including the improvement of family communication skills, parenting skills, caring for

aging parents, and stress management.

Support groups are hosted for "grandparents as parents", and people who are experiencing divorce or the grief of loss. A new support group, dealing specifically with women's issues, is starting up in April.

Interest free loans of up to \$500 are provided to eligible participants in times of minor emergencies.

Jewish Family Service is a Medicare provider and accepts all insurance plans. Fees are on a sliding scale related to a person's ability to pay.

To learn more about services, or to volunteer as a friendly visitor, daily caller, or to help provide transportation

Special COPS for People with Disabilities.....

COPS stands for "Crimes, Outreach and Prosecution Strategies". COPS is a pilot program of Community Access Center intended to increase the reporting of crimes against people with disabilities and obtain prosecution against offenders.

According to Suzanne Puffer, a Crime Victims Specialist with COPS, "All too often, crimes against persons with disabilities are not reported to law enforcement." She says, "Often victims know the people who commit the crimes against them, but are intimidated and afraid to speak up."

COPS provides free services in Western Riverside County to victims, including protection alternatives, assistance with filing police reports, and will accompany the victim through the entire process of reporting and prosecution upon the victim's request.

For more information, or to request COPS services, call 909.274.0358 and ask to speak with Suzanne Puffer or Wayne Aiken.

Jewish Family Service (social services for Desert residents)(760) 325-4088

Desert Health Car

Provides free transportation for people who need rides to health related appointments and services within the Desert Healthcare District (Palm Springs to Palm Desert west of Cook Street). Rides are available 8:30 a.m. to 5:00 p.m., weekdays by appointment.

48 Hours notice is required and a referral from your physician. Call 760.320.7137 for more information.

New at Vital Connections !**TranStar**

Put in your starting point, your destination, time and date of travel and TranStar plans your trip using Southern California buses and light rail!!

The Big Cotton Ball Mistake.....

Did you know that the very common practice of keeping the cotton ball that comes in medicine and vitamin bottles is not a good idea? The cotton ball is placed in the bottle, when the pills are manufactured, to protect pills during shipment.

But, according to Dr. Rosemary Soave, Associate Professor of Medicine at New York Hospital—Cornell Medical Center, if we remove and reinsert the cotton ball, contaminants and moisture are added to the storage bottle that will speed the deterioration of the pills.

NEW CAREGIVER AND ALZHEIMER'S SUPPORT GROUP IN ONTARIO

Meetings are on the 4th Tuesday of each month at the Ontario Senior Center, 225 East "B" Street, and begin at 2 P.M. Call the center for more information at 909.395.2021.

Generations of Addictions 2003 Conference

The 5th annual conference, "Ageless Recovery—The Journey Within" will be held at the Riviera Resort, 1600 N. Indian Canyon Drive, in Palm Springs, on April 24th.

Registration is 8-9A.M. Admission is free, but seating is limited. Complimentary lunch is included. Call Donna Pierce at 1-800-510-2020 for more information.

What Are Signs of Coming Problems ?

According to the National Mental Health Association, the following symptoms are danger signs we need to acknowledge in ourselves, our loved ones and friends:

- Prolonged depression
- Prolonged sadness or irritability
- Feelings of extreme highs and lows
- Excessive fears, worries and anxieties
- Denial of obvious problems
- Dramatic changes in eating or sleeping habits

- Social withdrawal
- Strong feelings of anger
- Numerous unexplained physical ailments
- Substance abuse
- Confused thinking
- Delusions or hallucinations
- Suicidal thoughts
- Substance abuse
- Inability to participate in daily activities or deal with difficulties.

When these symptoms are present, an immediate consultation with a physician or mental health professional is necessary.

Get answers to questions about raising grandchildren, call WarmLine at 1-800-303-0001

How to Provide Physical Assistance

Easter Seals “Caregiver Transportation Training” Project

Whether helping your passenger into the car, transferring from a wheelchair to the car, or handling a wheelchair (or other device, such as a walker), it is important to use proper body mechanics. Most muscle strain injuries to both the caregiver and the care receiver are preventable.

Body Mechanics

- Plan the lift—check the area for slippery spots or possible tripping hazards. Wearing appropriate footwear, non-skid heels and soles will be safer for both you and the person you are assisting.
- Use proper stance—spread your feet to a width that feels comfortable to you, usually shoulder’s width apart.
- Keep your head and upper body as upright as possible.
- Lower your hips to the height of the object you intend to lift by bending your knees and hips, rather than your back.
- Carry weight as close to your center of gravity as possible.
- Get close to the object you plan to lift.
- Bear weight on your forearms rather than your hands.
- Lift with your legs.
- Do not attempt to lift with your back alone.
- When lifting, do not rotate your spine; shift the position of your feet to turn (pivot).
- Know your limits.
- Push or pull an object, instead of lifting, whenever you can.

Wheelchair Transfers

- Have the person you are helping wear a “gait belt” (also called a “transfer belt”).
- Open the car door and stand with your back to the inside of the car door.
- Pull the wheelchair toward you—between the car door and the seat.
- Talk your passenger through the transfer process step by step so that he can assist if possible.
- Hold on to the gait belt and help him to a standing position—using your legs to pull up for strength.
- Have your passenger lean weight forward toward you and put his arms around your shoulders (not your neck!).
- Carefully pivot yourself and your loved one so that his backside is toward the inside of the car.
- Help him sit on the seat with his legs still out of the car—be careful that his head clears the door frame while he is sitting down.
- Once sitting and given a moment to gain balance, help move his legs into the car (a swivel cushion is helpful for this).
- Assist with the seat belt and close the door before going to the driver’s seat.

Some suggested equipment and assistive devices:

- Gait or Transfer Belt—Assists caregiver in the safe transfer and movement of people with low mobility.
- Transfer Board—Allows transfer from a wheelchair to a car without lifting.

(Continued on page 11)

- Swivel Seat Cushion—Works like a “Lazy Susan”, making it easier to swing legs in-to car after sitting.

Locally, gait belts, transfer boards and swivel seat cushions are available from YES I CAN, in Cathedral City and La Quinta. You can also shop for these assistive devices, and many others, on the Internet, at Vital Connections, in the Caregiver Support section <<http://www.vitalco.net/Caregiver.htm>>



Indio Street Scene, 1915

Transporting Wheelchairs and Scooters.....

By Bob & Lois Jackman

How does one get a wheelchair/power wheelchair/scooter in their vehicle? Or ...if someone needs to stay in their wheelchair, can both, the individual and the wheelchair, get into a vehicle? There are a variety of answers as each person's need and each person's capabilities are different.

For those who use manual wheelchairs and have strong upper body strength, quick release axles can allow for a greatly reduced size and weight of the chair, enabling its user to transfer into the vehicle, "disassemble" the wheelchair and easily get the smaller frame, wheels, etc. into their vehicle. Manual wheelchair users can also use a "car top-per" - a roof device that picks up and houses folded manual wheelchairs at the touch of a button.

Scooter and power wheelchairs can also be transported. If the user can get out of the motorized vehicle and transfer into the car/van, the scooter/power wheelchair can be transported in one of the following ways: on a lift attached to a trailer hitch on the back of the vehicle, in the rear of a van/minivan/SUV, via a hydraulic lift at the touch of a button, or smaller scooters can even be put into the trunk of a car using a hydraulic lift.

When one has to remain in their scooter/wheelchair, vans can be "converted" so that a person in the scooter/wheelchair can be safely placed into the van. This can be accomplished in a number of ways, including having your van "kneel down" automatically and then automatically have a ramp extend out for easy entry into the vehicle. If this is your choice, a "tie down" system will also be created, so that wheelchair and its occupant are safely transported. By the way, a person entering a van by one of these methods can also be positioned to drive the van with the aid of hand controls. This is independence!!!

Ford, General Motors and Chrysler Corporation offer rebates to new vehicle purchasers to help pay for any of the above modifications. Rebates up to \$1000 are available.

Deaf & Disability Focus Groups to Be Held.....

People with a hearing loss or disabilities and their advocates, caregivers, and family members are asked to comment about their needs and preferences over a whole range of topics, including quality of life and services at two upcoming focus groups:

In Indio

Thursday, April 17th, 1-4pm
at the Employment
Development Department
44-199 Monroe Street

In Hemet

Thursday, May 29th, 9-noon
at the Workforce
Development Center
1025 N. State Street

For more information, call
Wanda Klesper at 1-800-510-
2020

The ART OF PICKING A PEACH.....

Peaches will continue to soften, after being picked, but will not increase in sweetness. So, we are advised to avoid any peach that still has even a hint of green. The best choice is a peach that is "firm, but yields slightly to gentle pressure." A mature peach, that will yield the sweetest taste, will have a well defined cleft in its shape. Fresh peaches can be kept at room temperature for 3 or 4 days, and placing them in the refrigerator in a plastic bag (to retain moisture) will extend their useful life by a couple of extra days.

They are high in potassium and also provide vitamins C and A. They have diuretic and laxative properties. Drying peaches increases the nutrients, but sulfur is often used in the commercial drying of peaches. [Drying fruits at home will be explored in the Summer Issue of *Challenges*.]

Of course, we all think of peach pies and peach cobbles, or peaches with ice cream, but peaches can be great in main dishes too! Sautéed chicken breasts topped with peaches in a peach sauce are excellent. Other meats with peaches are also delicious. At Argentine weddings a dish that is sometimes served is a sweet spiced beef pie with peaches and a meringue topping—talk about a food adventure! Go ahead—have some fun with food today!!



ARE YOU WEARING THIS PIN?

If you haven't joined the Volunteer Driver Corps of the TRIP Program yet, please consider joining today to help eliminate transportation poverty in our communities!

As a volunteer, you can receive up to \$84 each month for each person you help—tax free! There is no risk, since you are also covered by our insurance when helping as a volunteer and you get the special joy that comes from doing something really important.

For more information on how you, or your organization, can participate in this program of critical community support, call Gail at 1-800-510-2020.

USING ALL YOUR STRENGTH

A young boy and his father, while walking on a country road, came across a very large tree branch. The boy said, "I wonder if I can move that branch off the road." His dad answered, "I'm sure you can if you use all your strength."

So the boy tried mightily to lift, pull and push the branch but he could barely move it. Discouraged, he said, "Dad, you were wrong. I can't do it."

His dad said, "Try again." This time, as the boy struggled with the branch his father joined him and together they pushed the branch aside.

"Son," the father said, "the first time you didn't use all your strength. You didn't ask me to help."

- as told by Michael Josephson
Josephson Institute of Ethics
[HTTP://WWW.CHARACTERCOUNTS.ORG](http://www.charactercounts.org)

Superando Nuestros Retos.....**Mis experiencias cuidando a larga distancia...**

por Cis LeRoy, Cuidador a Larga Distancia

Mi madre y su esposo, ambos, tienen demencia y gran variedad de problemas físicos. Cuando les llamo, me dicen que ambos están bien. Cuando hablo con sus parientes que viven en la zona, me dicen: "¡Están bien!". Luego, los visito, sólo para descubrir una casa sucia, padres hediondos, comida mohosa en el refrigerador, pérdida severa de peso, pilas de periódicos por toda la casa, heces embarradas en la alfombra, lavaplatos y lavarropas descompuestas, infestación de piojos y trastes sucios en la alacena.

Los cambios pueden ser muy graduales y, por tanto, no los notan los que los visitan con frecuencia. Seguido, los parientes que visitan y platican, y realmente no miran alrededor de la casa; están demasiado ocupados 'visitando'. Visitando una o dos veces al año, veo muchas cosas que no se notan ni pensé ser importantes.

He aprendido varias cosas importantes:

Cuando uno visite, ESCUCHE y MIRE. Tómese algo tiempo, como si leyera el periódico. Luego observe sus actividades rutinarias. ¿Abre su madre las mismas cartas varias veces al día? ¿Su padre se sale jamás del sillón del frente de la TV? ¿Su padre tiene incontinencia a la misma hora todos los días? ¿Qué discuten ellos? ¿Les preocupa algo? ¿Se toman las medicinas como se las prescribieron? ¿Saben para qué son las medicinas? En una visita reciente descubrí su incontinencia sólo porque miré a mi madre lavando dos pantalones todos los días. También descubrí que no usaba jabón porque 'arruinaba' el agua.

También, MIRE ALREDEDOR. ¿Hay toallas mojadas dentro o cerca de los baños? ¿Usa la misma ropa su madre toda la semana? ¿Qué tiene en la cartera? ¿Dónde están sus medicamentos? ¿Qué hay en el refrigerador? ¿Hay latas a punto

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de explotar dentro del alacena? ¿Dónde están las llaves de la casa? ¿Quién asea la casa? ¿A quién le escriben cheques? ¿Cuánto dinero efectivo hay en la casa? ¿Qué están comiendo? ¿Quién hace las compras de abarrotes? Llevé a mi madre a la tienda de abarrotes a comprar leche y ella seguía preguntando “¿Son \$20 suficientes?”

Hable con ellos. Discuta con ellos su situación legal y financiera. Tenga una Carta de Poder firmada mucho antes de que la necesite. Ayúdeles a hallar un abogado que escriba un testamento o un fideicomiso. Descubra sus deseos internos. Luego, pregúnteles cómo puede ayudar. En mi caso, ellos tienen un fideicomiso que han enmendado cinco veces y ni su propio abogado se imagina qué cosa es qué.

Entonces, elabore una red. Primero, visite o escríbale al doctor y siga con telefonadas para cerciorarse de que sabe cuándo tienen citas, qué medicamentos les recetan, el peso de sus padres y cualesquier otros problemas médicos potenciales. Hágale saber al doctor que usted está involucrado y que necesita estar informado de su condición. Hable con el doctor después de cada cita médica. Después de que le deje mensaje al doctor, con cada subsiguiente llamada, dígame a la persona “esta es la 2°, 3°, etc., mensaje que dejo”. La experiencia me ha enseñado que la culpabilidad les hace retornar llamadas.

Hable con los vecinos y cerciórese de que tenga su número telefónico. Haga que le llamen a ud. si sus padres tienen de repente ‘amigos’ nuevos. Hable al departa-

mento de policía; algunas veces tienen programas de “registros” que anotan números telefónicos en caso de emergencia, medicamentos de receta y condiciones de salud. Hágales saber que si presiente abuso potencial en sus padres y ellos puede que tengan con qué ayudar. Yo pude hacer arreglos con la policía local para que pasara varias veces al día por su casa y divisara si había vehículos estacionados en la entrada de la casa.

Hable con la división estatal para ancianos. Algunas veces ellos saben de artistas timadores y pueden arreglar visitas periódicas. En mi caso, ellos espantaron un pariente de un vecino que les había estado timando de \$3,000 en un mes. Eso, combinado con los cruceros policíacos por la casa, fue una solución simple a una situación potencialmente peligrosa.

Visite el banco. En una visita reciente, varias mujeres se me acercaron para decirme que mi madre estaba feriendo varios cheques al día. Hasta la siguieron afuera para ver quién la traía al banco. Pero, como no había sido declarada incompetente, no pudieron hacer nada. Sin embargo, acordaron llamarme en el futuro si la situación no paraba.

Visite la farmacia. Mis parientes han tenido al mismo farmacista por muchos años y, en una visita reciente, descubrí que estaban surtiendo recetas varias veces porque seguían perdiendo las medicinas. Déle al farmaceuta su número telefónico y pídale que le llame cuando se pierdan las medicinas.

Contrate un manejador de cuidados geriátricos. La Asociación Nacional de Maneja-

.....**Superando Nuestros Retos**

dores del Cuidado Geriátrico Profesional (National Association of Professional Geriatric Care Managers) es un registro de agencias con la especialidad de trabajo social, enfermería y gran variedad de campos relativos. Su número telefónico es: (520) 881-88. Ellos visitarán a sus padres y se reportarán con usted. Ellos le harán saber a usted si la casa necesita aseo, tal vez, necesitan cambiar medicamentos, o tal vez, necesitan asistencia continua en el hogar con sus actividades diarias. Ellos pueden ayudar a entrevistar y evaluar los cuidadores y pueden ser sus ojos independientes para cerciorarse de que todo vaya bien. Hable con ellos al menos una vez por semana.

No simplemente dependa en que todos le digan que están "bien". Ellos puede que necesiten ayuda pero tiene miedo de pedirla o de que los coloquen en un asilo de ancianos. Sepa lo que puede hacer para cerciorarse de que estén seguros y sanos. Si es necesario, contrate cuidadores y hable con ellos al menos una vez por semana. Discuta la nutrición, baños, medicinas, aseo de casa y compras. Prepare una lista para el cuidador o cuidadora y que la tachen todos los días. Tenga la lista accesible para que la revisen los manejadores de cuidados. Haga que se la manden por correo cada semana.

Usted estará en el teléfono mucho. Cuando les haga saber que, aunque está a 2,000 millas de distancia y también a una telefonada, ellos realmente van a poner atención en lo que estén haciendo. ■

Translation provided by Leopoldo Treviño

Estos Recursos Son Para TI !! Usalos

Transportacion:

- **Sundial Transportacion (Sundial Transportation) (760) 341-6999** (por el costo de un \$1.00 o un \$1. 50 le pueden proveer transportacion)
- **Transportacion Para Ciegos (Blind Transportation) (760) 323-4414** (costo de membresia \$25.00 anual y de \$1-\$2 por viaje)

Comida Para El Necesitado:

- **Comida en Necesidad de Distribucion (Food in Need of Distrubution) (760) 328-3663**
- **Caridades Catolicas(Catholic Charities) (760) 347-1188 Indio; (760) 202-1222 Cathedral City**

Otros Recursos:

- **Programa de Diabetis (Diabetese Program) (760)773-1403**
- **Instituto Para Ciegos(Braille Institute) (760) 321-1111** (locacion en Cathedral City, tiene actividades y provee transportacion)
- **Programa Asistencia En Casa (In Home Support Services) 1-800-491-7123** (para personas mayor o incapasitadas)
- **Stroke Activity Center (760) 323-7676** (centro de actividades para personas victimas de un ataque al corazon)
- **Grupo De Apoyo-Alzheimers (Alzheimers Support Group) (760) 327-2732, (760) 346-3119**

SPRINGTIME IS ALSO THE TIME FOR POLLEN ALLERGIES.....

What seems like an endless cold, may instead be an allergic reaction to the Spring pollen of trees, grasses, flowers and weeds, as things begin again to renew and grow. If we don't get relief from over-the-counter medications, if "hay fever" interferes with our ability to function, or if it is chronic, allergists at the FDA suggest we see our doctors. Otherwise, some things we can do to help include: staying inside in the evening when pollen from grasses is at its highest level, keep windows at home and in the car closed, and avoid cutting the grass and other yard work. Allergy shots work for some people.

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