

Meeting the Challenges

Quarterly

JOURNAL

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

On the Internet @ www.LivingPartnership.org

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

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A **READER SUPPORTED** publication of positive and informative articles to educate, empower, and inspire.....

PATIENT SAFETY— IT'S UP TO YOU

By Roberta Wertenberg, Coordinator, Fifth District C.A.R.E. Program, APS

Most of us view the hospital as a moderately safe environment, yet medical mistakes do happen. In this environment of budget cuts, HMOs, and nursing shortages, what steps can you take to improve patient safety for yourself, or someone that you care about?

STEP ONE: Do your homework

- Seek out information about your diagnosis and treatment. The internet and growing consumer marketing among drug companies has increased the availability of medical information.
- If possible, work with a physician who is familiar with you and your medical history. If you are choosing a new physician, clinic, pharmacy, or hospital; determine whether they are experienced in the type of care you require.
- Don't be shy about asking for information regarding staffing, length of stay, or treatment. Determining the Regis-

tered Nurse to patient ratio is one potential method of evaluating the quality of care you might receive.

- You will need to begin planning for your discharge before you even enter the hospital. Although social workers and utilization nurses may be available to meet with you and your family during your stay, today's hospital stays are brief. Do not anticipate recovery to take place in the hospital, but rather at your home or an intermediate care facility.

STEP TWO: Select an Advocate

- **EVERYONE** in the hospital needs an advocate present at all times! When you formally select an advocate, that person can stay with you 24 hours a day and act on your behalf. Select a trusted family member or person who you can communicate with.
- Take the opportunity ahead of time to

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discuss what you might want help with, what treatments you might wish to receive, and what medications you are allergic to.

- Let your physician and those caring for you know that you wish your advocate or family member involved in your care.
- You may also consider updating your *Durable Power of Attorney for Healthcare*, or inquiring as to whether a *Release of Medical Records* form is needed in order to share treatment information. The hospital will

have a separate medical release form that you may wish to complete in advance.

- Also, it is important to have your advocate with you during the inpatient admission process. You (or the advocate, if you are unable) will be signing lots of important papers that advise you about billing, your hospital stay, and your rights while you are a patient. Any questions can be asked then or later, after a careful reading of the signed copies.
- If there are multiple family members sharing the task of advocacy, consider having them make entries into a bedside journal. Journals help keep advocates in touch with medication, tests and treatments, and the overall condition of the patient. Questions can also be recorded for future reference when speaking with an attending physician.

STEP THREE:

Good Communication is Key

- It starts with sharing your health history with your physician. Once in the hospital, freely share up-to-date information about your care with everyone who is treating you. It is a mistake to assume that the night shift has communicated with the nursing station, which in turn has com-

municated with your physician. And, don't be afraid to ask the staff person for their identification.

- If medication is being administered, ask the name, dosage, and purpose of the treatment. If you are familiar with the medication, check to see if it appears and smells the same as what you are familiar with. Remember, you have the patient right to refuse any treatment or medication offered.
- The nature of hospital care requires round the clock staffing, with a minimum amount of time available for communication. If something doesn't seem right, call attention to it. A poll by the National Patient Safety Foundation found that 42% said they had been "affected by physician errors", either directly or through a relative.
- Make sure that you receive all instructions verbally and in writing and that you understand. Ask questions about any instruction that is unclear to you.

STEP FOUR: The Discharge

- Prior to your hospitalization, take the time to familiarize yourself with your insurance policy's home care benefits. Find out the names of the

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POSTMASTER: Send address changes to Partnership to Preserve Independent Living for Seniors and Persons with Disabilities, 6296

agencies in your area that are covered under your policy.

- Obtain the name, telephone number and contact person's name for the home care agency you have chosen. After returning home, contact the agency to confirm your arrival and verify the first scheduled home visit.
- Talk to family and friends about what help you think you will need, and who will be responsible for providing it. Know what local pharmacies are open twenty-four hours.

What if you are discharged before you think you are ready to leave the hospital? What if you have not been able to make those home care or medical equipment arrangements that you wanted? According to Ann Kasper, of HICAP (Health Insurance and Advocacy Pro-

gram), under Medicare you have the right to request a Statement of Non-Coverage from the hospital. Subsequently, you must then contact the Quality Improvement Organization or CMRI by telephoning 1-800-841-1602. You will then be granted up to a seventy-two hour extended stay in the hospital under Medicare guidelines. During this time, the organization will speak with the physicians and providers of the hospital to determine what further care you require. The cost for this additional stay will not be charged to you.

Alzheimer's patients are often unable to effectively communicate with hospital staff. It is important for the advocate of

a person with Alzheimer's Disease to inform health care providers about this existing diagnosis. Do not assume that the care provider will understand that the Alzheimer's patient may not respond appropriately to questions, be unable to provide pain level assessment, or remember health care directives. The Alzheimer's patient's advocate must be familiar with their care, their methods of communicating, and *be able to educate care providers* about Alzheimer's disease during the course of treatment.

Patients can participate in creating a quality healthcare experience by being involved, sharing information, and understanding their patient rights. Everyone has a role in improving healthcare delivery, and no one benefits more from the effort than you.

Please help support continued publication of Meeting the Challenges !!

It costs thousands of dollars to publish, print and mail each issue... Many have helped already, **but we need you to help too!** If you agree that *Meeting the Challenges* is an important resource for you and our community, **please send a tax deductible donation of \$10, \$25, \$50, \$100 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.**

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.

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

Riverside County ADULT PROTECTIVE SERVICES1-800-491-7123

SOME GUIDELINES FOR BUYING FRESH FRUITS AND VEGETABLES

- ASPARAGUS - Stalks should be tender and firm. Tips should be close and compact. Stalks with very little white are more tender. Use asparagus soon—it toughens rapidly.
- BEANS, SNAP - Those with small seeds inside the pods are best. Avoid beans with dry-looking pods.
- BERRIES - Select plump, solid berries with good color. Avoid stained containers, indicating wet or leaky berries. Berries such as blackberries and raspberries with clinging caps may be under ripe. Strawberries without caps may be too ripe.
- BROCCOLI, BRUSSELS SPROUTS AND CAULIFLOWER - Flower clusters on broccoli and cauliflower should be tight and close together. Brussels sprouts should be firm and compact. Smudgy, dirty spots may indicate insect damage.
- CABBAGE AND HEAD LETTUCE - Choose heads heavy for size. Avoid cabbage with worm holes and lettuce with discoloration or soft rot.
- CUCUMBERS - Choose long, slender cucumbers for best quality. May be dark or medium green, but yellowed ones are undesirable.
- MELONS - In cantaloupes, thick close netting on the rind indicates best quality. Cantaloupes are ripe when the stem scar is smooth and space between the netting is yellow or yellow-green. They are best to eat when fully ripe with fruity odor. Honeydews are ripe when rind has creamy to yellowish color and velvety texture. Immature honeydews are whitish-green. Ripe watermelons have some yellow color on one side. If melons are white or pale green on one side, they are not ripe.
- ORANGES, GRAPEFRUIT AND LEMONS - Choose those heavy for their size. Smoother, thinner skins usually indicate more juice. Most skin markings do not affect quality. Oranges with a light greenish tinge may be just as ripe as fully colored ones. Light or greenish-yellow lemons are more tart than deep yellow ones. Avoid citrus fruits showing withered, sunken or soft areas.
- PEACHES, APRICOTS, NECTERINES AND PLUMS - Choose fruit that yields to a gentle squeeze, has a full aroma and heavy weight. If they are hard, they are not ripe.
- PEAS AND LIMA BEANS - Select pods that are well-filled but not bulging. Avoid dried, spotted, yellowed or flabby pods.
- ROOT VEGETABLES - Should be smooth and firm. Very large carrots may have woody cores, oversized radishes may be pithy, oversized turnips, beets and parsnips may be woody. Fresh carrot tops usually mean fresh carrots, but condition of leaves on most other root vegetables does not indicate degree of freshness.
- SWEET POTATOES - Porto Rico and Nancy Hall varieties—with bronze to rosy skins are soft and sweet when cooked—yellow to light-brown ones of the Jersey types are firmer and less moist.

[SOURCES: <http://www.toledoasr.com/Kitchen/printbuying.htm>; AND <http://www.taunton.com/finecooking/pages/c00019.asp>]

KITCHEN PARTY VIDEO RELEASED

"Kitchen Party with the Food Fanatics" is the newest video from the Partnership to Preserve Independent Living. It is not an ordinary "cooking" show, by any means, but rather the fun, funny and passionate premiere of a series about every aspect of food from its history, to growing your own, purchasing food, and preparing food that is both good and good for us. More than a daily chore, *food fanatics* see eating well as an adventure, an important health responsibility, and a joyful living experience!

The first program, hosted by Kathy Strong, has already been released with special guests including "The Spice Girls", Doctor Mona and the *Food Police!* As with all Partnership videos, "Kitchen Party" has been sent to Senior and Community Centers and all public libraries in Riverside County for free public viewing. Also, watch for its broadcast soon on area television stations!

TIPS FOR REDUCING PESTICIDES IN FOOD

The American Institute for Cancer Research says there is no convincing evidence of a cancer link with pesticide use, but provides tips to reduce pesticide ingestion:

- Scrub produce under running water, or remove skin, and discard outer leaves
- Trim fat from meat and poultry, which can store some pesticide residuals
- Eat a variety of foods to reduce exposure to any one contaminant.

**HOME REPAIR HELP
FOR SENIORS AND PERSONS
WITH DISABILITIES.....**

If you live in the City of Riverside and need financial assistance for home repairs (such as a new roof, painting, electrical or plumbing repairs), or disability access improvements (such as a wheelchair ramp, grab bars, or door widening), the Riverside Housing Development Corporation may be able to help.

To qualify, senior applicants must be age 62 and over. Disability access improvement assistance is available for persons of any age. You must live in Riverside and have an income level of \$28,550 or less for one person or \$32,650 for a household of 2 persons.

If approved, applicants can receive a repair or improvement grant of up to \$5,000. If more is needed, low interest loans (3%) are also available.

To learn more, call Riverside Housing Development at (909) 341-6511.

**"Hepburn was never
one to give up."**

- A&E, Biography

DO YOU NEED SOME EXCITEMENT IN YOUR LIFE?**.....maybe You Should Try Acting????****N O. REALLY!**

That's what retired medical assistant, part-time caregiver, and volunteer TRIP driver Edith Hall decided to do—and it is paying off in a little extra money and lots of exciting times. She says any of us can do the same thing!

Hall learned about the opportunity from a patient, who was “in the acting business long before she became a senior”. Hall says all you have to do is register as an “extra” with Central Casting. Their address is 220 South Flower Street, Burbank, CA 91502. The Extras Registration phone number is (818) 562-2790.

Hall had her photo taken at a Kodak studio for \$20 and sent it in with a standard resume of her education and professional life. That's it. Central Casting keeps the photo and personal profile on record. When they need her, they call.

Anyone of any age can register and try-outs for parts are generally not required for non-speaking extra roles, though required for parts in movies or commercials.



So far, she has played the part of a dying patient on *ER* and was thrilled to meet and work with Carter. She played a mourner at a funeral on the *Bernie Mac*

Show, the mother of a convicted prisoner on a TV movie with Sally Fields, and a movie-goer on the *8 Simple Rules* program, where she met John Ritter. She has even been in a Wyclef Jean music video! According to Hall, the pay for a non-speaking extra role isn't much, but it is exciting meeting the actors and watching them work.

The only acting experience Hall had was the standard drama class in high school. She says, “Years ago, when I lived in NY, one of my dreams was to go to Hollywood and become an actress—probably the same dream of thousands of other young people.” She concludes, “It took me a little longer, but is none-the-less sweet. I like to learn new things—you never know what will be around the corner, that you might miss if you don't take that walk.”

SENIOR PEER COUNSELING OFFERS REWARDING VOLUNTEER OPPORTUNITY

Have you ever felt that things in your life were just too difficult for you to face? Maybe you remember how you were helped with the assistance of someone who was there for you? Someone who just listened to you and cared.

The Peer Counseling program trains seniors to be of assistance to their peers who are in distress. Volunteers visit with those who are isolated for physical or emotional reasons. Counselors are aware of resources that are available to help seniors, but their primary role is that of a caring listener.

If you have an interest in participating in this highly rewarding volunteer program, or for more information, call Connie Gill at the Office on Aging, 1-800-510-2020.

WHY ARE WE HESITANT TO ASK FOR HELP WHEN IT IS NEEDED?

An Editorial by Richard Smith

I think it is in the long tradition of our American belief system to aspire to complete self-sufficiency.

According to Peter Griffiths, Mental Health Counselor and syndicated columnist, we have been taught to take pride in taking care of ourselves. He contends that it is common for us to "...cling to the false belief that you must be totally self-sufficient and independent."

Another related reason to not ask for help is a fear of "imposing" on others. How many times have we heard or thought, I don't want to be a burden. If we believe in the

fantasy that we are completely "independent", then asking for help would be a personal embarrassment.

None of us, of course, have all the skills and resources that we need all of the time. *We are dependent on others*—doctors, farmers, manufacturers, transportation, communication, our families and our communities.

Griffiths suggests that another reason why we might not ask for help is the generally applauded character trait of optimism: "Things can't stay this bad. They will get better, if not today, then for sure tomorrow, or the next day after." In fact, you know,

they may not get better unless we ask for the help we need. Actually, asking for help, when it is really needed, can be seen as another side of self-sufficiency. We have to:

- Admit to ourselves that we have a problem when one exists.
- Put aside irrelevant emotions like pride and embarrassment.
- Identify appropriate resources and assistance.
- Demonstrate courage and real independence by taking the necessary action to solve the problem—including asking for help when it is needed.

If You Need.....

VOLUNTEER ASSISTED TRANSPORTATION?

¿Necesita...

TRANSPORTE ASISTIDO POR VOLUNTARIO?



Call 1-800-510-2020 to apply for "TRIP".

Llame 1-800-510-202 y aplique para "TRIP".

Managing the Stress of Caregiving

by Renée Dar-Khan, S.S.S., Care Planning/Case Management, Riverside County Office on Aging

Caregiving can be rewarding and uplifting, but it can also be draining and exhausting. The demands of providing care to an ill or disabled family member or friend can impact the health and well being of the caregiver—at times resulting in high levels of stress that can lead to depression or burn-out.

Physically, care giving can take a toll on individuals; female caregivers particularly tend to report more physical ailments than women who are not providing care. There has even been evidence that mortality rates are higher for caregivers than for non-caregivers.

Each caregiving situation is unique. What is stressful to one may not be stressful to another. However, the first step in managing stress is to be aware of how stress is affecting the caregiver. Here are some of the more common warning signs:

- Ongoing irritation or edginess
- Loss of interest in social activities

- Intense fear of money or the future
- Fatigue or recurring physical problems such as backaches, headaches, or lingering cold or flu symptoms
- Difficulty concentrating
- Depression
- Feeling overwhelmed, trapped or hopeless
- Increasing use of alcohol, overeating, or the use of drugs to relax
- Thoughts of suicide, thoughts of violence or actual acts of violence against the person for whom they are caring.

Yet despite early emotional and physical warning signs family caregivers tend to ignore their bodies and wait until stress becomes severe. Here are some tips that can help to reduce stress, increase energy and enhance overall well being:

- Acknowledge difficult feelings. Caregivers often experience conflicting emotions. Therefore it is important to find quiet moments to get in touch with feelings.
- Find ways to share feelings with friends, family, or clergy.

- Make time for regular exercise, including stretching which releases stress.
- Find something to laugh about. Laughter is like an internal massage.
- Get 6-8 hours of uninterrupted sleep every night, eat regular healthy meals and drink plenty of water.
- Most important of all get help when you need it.

Getting help may be the most important way to alleviate stress and ultimately caregiver burnout. However it is also what caregivers are the most reluctant to do.

Why is it so hard for Caregivers to reach out and accept help? Caregiving is an act of giving whether by choice or through circumstance. For most people it is much easier to give than to receive and this may be especially so for caregivers who, through their caring roles, give a great deal of themselves. Some of the reasons for this may be:

- A sense of duty or obligation to the care-receiver
- Expectations of family, friends and community
- Not wanting to trouble anyone
- Not wanting to seem demanding

- Feeling uncomfortable about others helping
- Fear of losing their identity or independence
- Feeling that another could not do it as well or as quickly and it's easier to just do it themselves
- Feel that it is a sign of weakness or of not being able to cope
- Feeling that they could not return the help
- The care-receiver may not want others to know how much help they require
- The care-receiver may not want care from anyone else.

A major factor in overcoming the reluctance of the caregiver is identifying what caregivers need in order to feel supported? Some caregivers have stated the need:

- To be able to share their worries, feelings
- To be recognized and acknowledged for care-giving
- To be heard and not taken for granted
- To have social contact and companionship
- To have breaks from care-giving
- To share care giving by involving relatives, friends and neighbors
- To have community awareness and understanding.

Knowing that they are not alone and their needs are important may help them to feel more confident about seeking and accepting help. If you are attempting to provide assistance to a caregiver, it may not be easy to know how to support them in their role, however, you may find it helpful to:

- Listen to the caregiver and not assume that you know what their care giving experience is like
- Try not to judge them or criticize their care giving
- Acknowledge their care giving experience and knowledge as a caregiver
- Support them in their steps to improve their health and well-being
- Provide them with help
- Think of the caregiver as an individual with his or her own needs, hopes, and concerns.

For more information about support services for

INLAND CAREGIVER RESOURCE CENTER

Provides assistance, referrals, and support to caregivers of an adult with a brain impairment.

1-800-675-6694

1420 East Cooley Drive, Ste 100
Colton, CA 92324

MAKE A DIFFERENCE IN I.H.S.S. SERVICES !

Riverside County's In-Home Supportive Services (IHSS) Advisory Committee is seeking to fill vacancies from Supervisor District 1 (Bob Buster) and District 3 (Jim Venable).

The Committee provides input regarding IHSS to the Board of Supervisors, the IHSS Program of the Department of Public Social Services, and the IHSS Public Authority. The Committee's current work is helping to establish a registry that IHSS recipients can use to obtain care providers, and advising the newly established IHSS Public Authority on training needs.

Committee members must be current or former IHSS recipients or care providers. Meetings are open to the public and are held on the first Thursday of each month at 1:30 P.M. at various sites around the County. Transportation for members is provided if required, including wheelchair accommodation, and mileage is reimbursed for those who use their own vehicles.

Interested? Call the IHSS Public Authority at (909)358-4012 or 358-5708.

Contagious Dependency Has Long-Term Effects

by Shannon K. Meehan, Consumer Services Coordinator, Inland Regional Center

My experiences, working with the developmentally disabled for the last decade, have brought me to the belief that the natural tendency to want to care and nurture a child, so that nothing else bad will ever happen to them, can actually result in more damage to their well-being.

Dependency is reliance on another person for aid and support. Usually, when a child is born, parents have many hopes, dreams, and ideas for the future for their child. They want nothing but the best, such as a college education, a happy marriage, and a successful career. However, when parents learn that their child has a developmental disability, the natural expectations of parents may change to feelings of intense guilt, shame, and responsibility.

All children are dependent on their parents and are taught, as they grow up, to become independent. When a child is born with a developmental disability, however, parents often disregard the natural instinct to encourage independence. This can create a serious dependency, even for simple tasks such as clothes selection, dressing, shoe tying, simple meal preparation, that remains into adulthood. Parents can become addicted to providing *too much care* for their child and then they do not encourage any ability or capacity in the child to care for themselves. More often than not, these parents need their children to need them. They *depend upon their children* to be dependent upon them. Through this contagious dependency process, parents and developmentally disabled children transfer dependency back and forth, until the child is utterly helpless without the

parent.

When parents pass away their adult child is left without the necessary skills to be independent, and they are either placed in a board and care home or passed on to other family members. If they are thrust into new environments, where they are expected to be more self reliant, a variety of serious emotional and behavioral problems can result. These individuals were *trained* to rely on others. They were conditioned to be dependent, and that is a hard habit to break—fortunately not impossible.

With patience, dedication, and consistency, they can be retrained to unlearn their dependent ways and challenge themselves. Here are some tips on both how to avoid contagious dependency in the first place or reverse the process and help to motivate and strengthen a developmentally disabled person to be more independent:

1. *Concentrate on what a person CAN DO, or COULD DO with practice, not what they can't do.*
2. Provide goals for the person to do things they haven't tried before. For example, if a developmentally disabled person can write their own name, but has never learned to tie his shoes, learning how to tie shoes would be a good goal.
3. Provide rewards, that the person will want to receive, for the accomplishment of new goals.
4. Set aside at least 5-10 minutes *every day* to work on mastering a previous goal or working on the achievement of a new goal.

(Continued on page 11)

5. Praise all efforts and acknowledge every level of progress.
6. Let others in the person's life know what current goals are and ask them to help encourage goal attainment and the growth of a person's independence.

*"The pessimist sees difficulty
in every opportunity.....
The optimist sees opportunity
in every difficulty."*

- Winston Churchill

Palo Verde Valley Transit Agency IS NEWEST VOLUNTEER DRIVER CORPS MEMBER...



AS the new *Transit Manager* for Desert Roadrunner, John Andoh's vision for the Valley includes buses, Dial-A-Ride, and TRIP Volunteer Escort services for those needing special assistance.

If you would like to apply to be a volunteer TRIP driver in the Blythe area, or for more information on all Roadrunner services, including the new 7 day-a-week Gold Route 2 service to the College, call (760) 922-1140.

ALL COMMUNITY ACCESS CENTERS ARE VOLUNTEER DRIVER CORPS UNITS

RIVERSIDE



**Laurie
Hoirup**

PERRIS



**Damaris
Perez**

BANNING



**Paul
Van Doren**

INDIO



**Ray
Martin**

Community Access Center services, for people with disabilities, include: Advocacy; Peer Counseling; Information and Referral; and Independent Living Skills Training. For information, services, or to volunteer, call: (909)274-0358 in Riverside; (760)347-4888 in Indio; (909)443-1158 in Perris.



IS YOUR ORGANIZATION PART OF THE SOLUTION?

It's easy for every organization to become a Volunteer Driver Corps unit to help the TRIP Program eliminate transportation poverty in our communities!

The only thing we ask is that you sign up your members as "reserve" volunteers. If we need a volunteer in your area, we will then call those on the reserve list and ask them if they are willing and able to help... Our insurance covers the volunteer, so there is no risk to your organization... and volunteers who decide to help are paid tax-free reimbursements for their mileage, which they can keep or donate to your organization!!

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

BLINDNESS SUPPORT SERVICES.....909.341.9244

AVOIDING SPAM: *And I'm Not Talking About Breakfast Food!*

by Kevin Dunlap, Information Technology Officer, County of Riverside

SPAM: The mere mention of the word can strike fear and disgust in the hearts of World War II veterans around the world. Just ask my dad, who to this day, shivers as he passes the Spam display at his local Albertson's.

The mere mention of the word to computer users also causes fear and disgust. In this case, it refers to unwanted or unsolicited e-mail that is sent to millions of us at a time. Think of it as the bulk mail of the e-mail world.

How does it get sent to you? There are a couple of ways: 1) through the selling of your e-mail address to companies who specialize in bulk e-mail (spam), or 2) through computer programs randomly generating e-mail names and sending them out to see what's real.

They're Trying to Trick You! If you have ever bought merchandise online (it is safer than many think!), you know the companies love to send you reminders of sales, special events, and a host of other ways to get you to spend more money at their site. You'll notice at the bottom of the e-mail it will say, "To unsubscribe to this periodic mailing, click here." Then either you stop getting mail from them or it takes a couple of times and then it stops. This is legitimate bulk e-mail. Now... suppose you get e-mail from someone with whom you have not done business. At the bottom of their e-mail is the same statement: "To unsubscribe to this periodic mailing, click here." If you click on this one—GOTCHA! You just alerted the company that the e-mail address they randomly generated or bought is real.

15 Ways To Minimize the SPAM You Re-

ceive:

1. Use an email filter—Your Internet Service Provider (ISP) may do this for free).
2. *Don't* download and use free spam blockers.
3. Use the BC: line (instead of TO: or CC:!) when sending clever and inspirational junk mail to others.
4. Delete junk mail; don't open it.
5. Keep a list of online sites you visit.
6. Avoid signing guest books on websites.
7. Limit chat room usage to one or two trusted sites.
8. Don't respond to FREE anything.
9. Check the privacy policy when you submit your address to a website.
10. Avoid short email addresses; easier to guess.
11. Don't respond to unsolicited email.
12. Have an email address for personal and one for online shopping/newsletters.
13. E-mail a copy of any deceptive spam to the FTC (uce@ftc.gov).
14. Read registration forms carefully.
15. Last resort: Change your e-mail address.

Spam is, unfortunately, the dark side to one of the fastest forms of communication today. Taking these steps, however, you can minimize its intrusion into your life.

~~Kevin Dunlap has contributed articles on computer-related~~ topics for several local publications including the Standard, published by Victoria Community Church; AGency News, the quarterly newsletter of the Riverside County Office on Aging, and was Managing Editor for InnViews, a Bed & Breakfast Review Guide for Travel Agents. He is currently a member of the Board of Directors for The Partnership.

TO GET ON THE NATIONAL "DO NOT CALL" LIST, REGISTER AT THE FTC: 1-888-382-1222

What You Should Know About On-Line Pharmacies?

The reasons why we might be tempted to use Internet Pharmacies include:

- Lower prices—we can compare the prices we have been paying at the local pharmacy with many others on-line easily.
- Access to more generics—If we purchase from an on-line, out-of-country pharmacy where generics for US brand names may be available.
- Convenience—If it is physically hard for us to get to a pharmacy or we live in remote areas.
- Availability of medical information—Many on-line pharmacies provide information about medications and easy links to government, educational or medical association websites.

But, the U.S. Food and Drug Administration warns that, “Being on the Internet does not guarantee that an Internet pharmacy is properly licensed to conduct business. If a pharmacy is not licensed, then the medications you receive may not be safe and effective.” In addition, some on-line pharmacies do not require prescriptions—it is extremely dangerous to take un-prescribed medications.

Some websites offer to help customers to compare Internet pharmacy practices and prices, such as PharmacyChecker.com. They suggest that people using Internet pharmacies face the following risks:

- Some are not licensed and may not have trained and licensed staff filling prescriptions.
 - Some do not provide their location and phone number, so you are unable to follow-up if a problem occurs.
 - Some do not *adequately* protect your personal information, including your credit card information.
 - Hidden fees and charges, such as account set-up, shipping, order, or medical fees may add significantly to the cost of prescriptions.
 - “Lowball” prices for first order often disappear once they have you signed up.
- PharmacyChecker.com suggests some reasons that you might want to stay away from non-U.S. Internet Pharmacies:
- It is technically illegal to import medications under current U.S. law. While the importation of prescriptions for personal use has typically been overlooked, such shipments are subject to seizure. If the non-U.S. drugs contain narcotic substances, such as codeine, their importation may not be overlooked, and some states have passed and enforce laws to prohibit the importation of drugs (Arizona, Minnesota, North Dakota, and Rhode Island).
 - While U.S. Internet pharmacy prices are often higher (although not always by any means!), shipping costs are lower, shipments can be insured when purchased from a U.S. pharmacy, and access to legal recourse is easier if the actions of the Internet pharmacy are injurious.

**WANT TO KNOW ABOUT
PERSCRIPTION ASSISTANCE PROGRAMS?
.....OR HAVE OTHER QUESTIONS ABOUT
MEDICARE OR HMOs?
CALL HICAP, TOLL-FREE
AT 1-800-434-0222
FOR FREE AND UNBIASED INFORMATION!**

Superando Nuestros Re-

¿Puede tratarse la fragilidad?

Cuando pensamos acerca de alguien que pueda ser frágil, pensamos en personas que pudieran tener dificultades estando de pie o caminando o que son débiles o, tal vez, muy delgados. De hecho, la fragilidad se identifica cuando una persona tiene una combinación de cosas tales como:

- Pérdida no intencional de peso, 10 libras o más en el año que pasó
- Auto reporte de agotamiento
- Debilidad, según se mide por fuerza del puño
- Caminar lento
- Baja actividad física
- Incapacidad para ejecutar actividades instrumentales del diario vivir (IADLs): preparado de comidas, quehaceres ligeros de casa, ambular alrededor de la casa por fuera e ir de compras
- No poder quitarse o ponerse un saco cuando se necesita
- Dificultad subiendo escalones
- Dificultad estando de pie o en posición sentada.

Una persona frágil tiene mayor riesgo de caídas y lesiones, enfermedad, pérdida de independencia y hasta de morir. Las causas de la fragilidad en la edad adulta posterior incluyen dieta inadecuada y nutrición pobre, depresión persistente, inactividad física, estar atado a casa y aislamiento de otras gentes, y una historia de tomar o fumar excesivos.

Un componente clave de la fragilidad es la pérdida de masa muscular. La disminución de masa muscular puede resultar de las secreciones incrementadas de la glándula

adrenalina, que también resulta en menor resistencia enfermedades infecciosas. En lo que envejecemos, menores niveles de hormonas, en mujeres y hombres, contribuyen a la pérdida de músculo.

Sin embargo, la gente que ve su salud como mala, que tiene condiciones crónicas múltiples, que usan cinco medicamentos o más (sin importar las enfermedades causantes), que tiene incapacidades visuales, que es obesa, o que tienen bajo nivel de ingresos, todas están a mayor riesgo de volverse frágiles.

El tratamiento de la fragilidad necesita ser “multidisciplinario”, conforme al Dr. Sudhir Kakarla, Socio en Medicina Geriátrica en el Centro Médico Regional Arrowhead. Dice que las condiciones médicas necesitan atenderse, darse las vacunas para aumentar la resistencia a la enfermedad infecciosa y los fumadores necesitan dejar de fumar. El Dr. Kakarla recomienda terapias de rehabilitación y regímenes de entrenamientos con ejercicios para mejorar condición física, fuerza muscular, flexibilidad y movilidad, según prescriba su médico.

La nutrición apropiada es muy importante. Mucha gente deja de cocinar y comer apropiadamente cuando se encuentran sola. Invitar a amistades o vecinos a cenar puede animarle a cocinar y comer alimentos más saludables. Programas de alimentos sobre ruedas pueden ayudarles a los que no pueden salir de casa.

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

En muchos casos, la fragilidad puede detenerse y hasta regresada. He aquí lo que puede hacer:

1. Vea a su doctor para tratamiento de condiciones médicas causantes, vacunas apropiadas y plan recomendado de ejercicio
2. Deje de fumar y limite las bebidas alcohólicas
3. Vea a un profesional de salud mental para tratamiento de depresión
4. Apague la TV y salga a hacer la mayor de cosas posibles
5. Vaya a un centro de ancianos e involúcrese en las actividades
6. Haga nuevas amistades
7. Tome nuevos intereses
8. Coma una dieta balanceada de comidas saludables
9. Haga sus ejercicios regularmente.

Conforme al Dr. Robert Pokorski, "Algunos cambios relativos a la edad se deben al desuso y no a la edad, y la pérdida de condición física puede reponerse con actividad física regular, aún en edad avanzada extrema." Él continúa, "El entrenamiento fortificante no detiene la pérdida subyacente de fibras musculares, pero el mejoramiento en fuerza puede ser equivalente a ¡¡10 o 20 años de rejuvenecimiento!!"

[Fuentes: "Detection and Significance of Frailty in Elderly Insurance Applicants" by Robert J. Pokorski, MD, en General Cologne RE, y un reporte de soporte proporcionado por Sudhir Karkarla, MD, Socio, Medicina Geriátrica, Centro Médico Re-

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 Distribution) (760) 328-3663**
- **Caridades Catolicas (Catholic Charities) (760) 347-1188 Indio; (760) 202-1222 Cathedral City**

Otros Recursos:

- **Programa de Diabetis (Diabetes 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 incapacitadas)
- **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**

Translation provided by Leopoldo Treviño

SOME TIPS FROM THE CALIFORNIA DEPARTMENT OF AGING FOR STAYING COOL...

- Eat lightly and drink plenty of non-caffeine and non-alcoholic fluids to help prevent dehydration.
- Wear lightweight, light colored and loose fitting clothing.
- Use wet washcloths to pat the wrists, face and back of neck or, for a quick cool down, wrap ice cubes in a washcloth or use blue cooler packs.
- Use small battery operated hand-held fans and misters for a cooling break.
- Schedule outside activities during cool times and wear a wide-brimmed hat when in the sun.
- Stay in the coolest part of the house, or in a shaded, breezy place, as much as possible.

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Meeting the Challenges

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