

Meeting the Challenges

Quarterly

JOURNAL

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MANAGING DIFFICULT BEHAVIORS IN OLDER ADULTS

by Carolyn Michaelis-Moe with assistance from Julie Siri

Caring for an aging parent can be both rewarding and challenging. The challenges frequently come with the loved one's decreased ability to reason and increased difficult behaviors.

First of all, let's define what is a "difficult" parent or loved one. Does this mean a person who is not reasonable, not cooperative, or is not mentally competent? Has this behavior pattern been this person's normal behavior pattern throughout life, or is this just a recent development? Let's face it – some people are just ornery and have been all their life!

Has a physician checked the parent for any infections or other processes, like depression, which may be causing the behavior changes? Interestingly, we find that one of the earliest signs of bladder infection in the elderly is confusion – resembling dementia!

Are you, as the adult child in this

case, satisfied with the assessment of this physician or would you like to have an exam by a specialist in older folks – a geriatrician. These physicians take seriously all symptoms and behavior changes in older folks, rather than dismissing it as "just old age".

See if anyone in the medical group your parent uses is "board certified" in geriatrics. Sometimes an internal medicine specialist or a family practice specialist will be "board certified" in geriatrics, but does not actually limit his/her practice to geriatrics.

If you don't know of a geriatrician in your area, call the county medical association and ask for referrals. Or call your local Geriatric Care Manager for referrals. (Don't know how to find one? Access the National Association for Professional Geriatric Care Manager's website

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to find your closest GCM – www.caremanager.org)

Once a physical cause has been ruled out, then a medical professional needs to determine if a diagnosis of dementia or depression exists. This publication has had many articles about dementia, so I am not going to take a lot of time discussing what dementia is and resources for it. However, if the mental assessment test indicates very low score then some of the decision-making options will need to be removed, just as you wouldn't allow your 4 year-old to de-

termine whether he could play in the street! I say some, as the parent should still be allowed to make as many decisions as he/she can within a safe boundary.

You may ask, how do you get the stubborn or suspected-dementia patient in to see the doctor? Sometimes that's tricky! Persuasion needs to take on every possible guise it can, to accomplish this goal! (A special meal or treat afterwards? A "prove it!" challenge? Pleading? Whatever!).

Worst case scenario, if you feel the parent is a danger to him/herself or to others (e.g., driving erratically), then you can threaten to or actually make a referral to Adult Protective Service. They will make a home visit and perform an evaluation and determine if the parent is safe on their own. Be prepared to fully inform them of all your concerns, as many people can be very "socially-appropriate" but not functional when on their own.

Sometimes just informing the parent lovingly that you are so concerned that you are going to call the county to make an evaluation, but if they do it, they will appoint a conservator through the court – not a loving family member! This may

be enough to help the parent see the benefits of cooperation!

Difficult behaviors can become destructive behaviors! Let's define destructive behavior. My interpretation of this would be doing things that could harm the parent or others – like driving dangerously or ignoring medical advice. For example: My father was convinced that my mother, who was prescribed oxygen by her lung doctor, did not actually need it, so father would sneak around and turn her oxygen down, so she "wouldn't become addicted"! It took all five of us kids confronting him to make him stop doing that. And I took him to one of her doctor appointments, told the doctor what he was doing, and the doctor told him how dangerous that would be!

Other difficult behaviors include:

- Aggression toward caregivers
- Driving without a license or beyond the level of current capabilities
- Buying beyond one's means
- Entering sweepstakes that promise to pay all his/her debts
- Hoarding – this can be

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Office on Aging Senior HELPLINK.....1-800-510-2020.....REAL PEOPLE TO TALK WITH!!

anything, debris around the house, old food, etc

- Hiding or secreting pills rather than taking them.

Suggestions on ways to deal with difficult behaviors would include:

1. Don't attempt to change everything at once. Pick one subject and work on that till you've achieved some success. Then start on something else.
2. Enlist the assistance of a medical or psychological professional.
3. Work with other of your siblings to create a united front to approach the difficult parent.
4. Analyze the system that isn't working and see if there is an alternative that works better.
5. Set up other alternatives to accomplish routine household chores (If the parent is driving a riding lawnmower in a dangerous way, get someone else to do the lawn on a regular basis.)
6. Distraction – the art of getting your kids to think of something else when they see all the candy at the checkout counter – works for older adults also.
7. Remember the thought processes in the older per-

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Depression is very common in older adults.....

Life events that occur after age 65 – retirement, health problems, loss of job activities, changes in personal relationships, loss of older friends and relatives – sometimes loss of a child – can all cause depression. *Sadness* is a normal feeling at these times, but *depression* persists and interferes with normal activities. (See the following list for symptoms of depression.) If these signs occur, a physician should be consulted. A geriatric-psychiatrist is a specialist in dealing with the mental changes that occur with aging and knows how various medications will react in an older adult.

Symptoms of Depression

- No interest or pleasure in things you used to enjoy
- Feeling sad or numb
- Crying easily or for no reason
- Feeling slowed down or restless or irritable
- Feeling worthless or guilty
- Change in appetite or weight gain/loss
- Trouble recalling things, or making decisions
- Headaches, backaches or digestive problems
- Problems sleeping or sleeping a lot more than usual
- Feeling tired all the time
- Thoughts of suicide or death as a viable alternative
- Lessened interest in personal hygiene or cleanliness of the home

Frequently, it is difficult to get an older person to discuss depression, because they were raised in a time when you just “pull up your bootstraps” or “don't show your feelings” or “I'm a Christian – Christians don't get depressed”. Sometimes telling the older person that depression is caused by a chemical shortage in the brain, just as diabetes is caused by a chemical shortage in the pancreas, may help. Relay to them that no one would feel bad about taking insulin if he/she were diabetic. The same reasoning applies for the chemical needed to treat depression. It is not a moral issue, or a failure on their part to “deal with it” – it is an overload of grief that depletes the chemical in the brain needed to get over stress (serotonin).

Depressive symptoms must be taken seriously. Not only is depression frequently under-diagnosed in the elderly, but also the elderly are a very high-risk group for suicide. If your loved one expresses any suicidal thoughts, please have them see a qualified counselor/psychiatrist immediately.

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- son may not be as fast as they were – nor the memory! Some lack of compliance may be actually a “cover-up” for “I don’t want to tell you that I didn’t remember to take my pills”.
8. Let the parent reminisce, engage in life review, and remind them that their life has value. This will help them concentrate on the positive aspects of living rather than the deficits.
 9. Take time for meeting personal needs – or hire someone to come in once a week and give a massage, a foot soak, a pedicure, a manicure, a hot shave for an older man (like the old fashioned barber shops used to give!). This will help them feel pampered and valued and re-direct their attention.
 10. If there is a concern that the person’s driving is a hazard, the state DMV allows you to call in anonymously and request a driving test be given to the older person. The DMV is responsible for revoking the driver’s license. Make sure there are alternative means of getting groceries, running errands, etc.
 11. If you feel that the parent is a victim of scams by mail or phone, alert your

county Adult Protective Service. Change the phone number or make the phone number unlisted. You may even have to cancel credit cards that the person is using to buy Canadian lottery tickets or some other get-rich-quick deal.

And lastly, don’t forget professional geriatric care managers are experienced and ready to help families with parents who need assistance in dealing with the problems of aging. Sometimes just a consultation visit with a GCM can help clarify issues and give you some helpful hints in approaching your specific problem. Call the *National Association for Professional Geriatric Care Managers* at (520) 881-8008 for professionals in your area. You can go to Vital Connections on the web at www.vitalco.net for easy links to this and many other caregiver resources and services.

Carolyn Michaelis-Moe, RN, MPA owns Parent Care Management Services, the largest geriatric care manager company in the San Bernardino/Riverside area. Her professional staff includes a certified nurse-gerontologist, social worker, RN’s and administrative assistants who help with many areas of care management. Carolyn is a member of the NAPGCM, and holds degrees

in nursing and in administration. Her 30+ years of experience in home health, hospice, and administration have given her many skills with which to help her clients. She and her staff have assisted over 130 sets of parents and their loved ones with difficult decisions.

Julie Siri, MA, MSW, LCSW is the Director of Aging With Pride, a professional senior care management agency. Julie is a Licensed Clinical Social Worker with 25 years experience in end of life care, bereavement, and issues of aging. She is a member of the NAPGCM and has degrees in psychology and social work. The Southern California Cancer Pain Initiative presented the 2000 Award of Excellence to Julie for her contributions as a medical social worker.

MORE RESOURCES:

Depression:

- National Mental Health Association 1-800-969-NMHA or www.nmha.org
- American Psychiatric Association 1-800-35-PSYCH or www.psych.org
- National Institute on Aging Information Center 1-800-222-2225 or www.nih.gov/nia

Geriatricians:

- See your local county medical society for referrals
- Contact the American Medical Association 1-800-621-8335 or www.ama-assn.org

Manual on Parent Care:

Parent Care – A Survival Guide for Adult Children of Aging Par-

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ents may be purchased from AGE Consultants in Phoenix for \$24.95 plus shipping and handling at 1-877-331-8105

Newsletter:

Caregivers Home Companion – monthly, discussing such topics

as *How to Deal with a Parent Who Knows How to Push Your Buttons!* This is a commercial “newsletter”. Subscriptions are available at 1-800-308-3136 or www.caregivershome.com, beginning at \$19.95 per year.

EDITOR’S NOTE:

The commercial products mentioned in this article are recommended by the author. Meeting the Challenges has no independent knowledge or opinion of their content or value.

ADVANCE HEALTH CARE DIRECTIVE—Do You Need One?

by George F. Dickerman, Elder Law Attorney

An Advance Health Care Directive ("AHCD") is known by other names, for example, a "Living Will" or a "Durable Power of Attorney For Health Care". The proper "legal" name is an Advance Health Care Directive.

When properly executed, this document gives your doctor, hospital, and other medical personnel, your instructions on how you want your medical decisions to be made if you become incapacitated and unable to make such decisions.

The instructions you give can be broad and general, or you can make them quite specific. Copies of your AHCD should be given to all your doctors, including your hospital if you have a medical chart there.

You must appoint the person who will have the authority to make your health care decisions when you are unable. This is usually a

spouse or other trusted family member; however, you may choose anyone so long as it is a person whom you totally trust to carry out your written instructions.

Your instructions can include such matters as whether you want to be buried or cremated, where your remains will be interred, whether you want to donate your body parts/organs for transplant, research or medical education.

You may also nominate the person whom you would want the court to appoint as the conservator of your person (including the authority to make medical decisions) should a conservatorship be required. Generally, but not always, the proper creation of an AHCD will avoid the need to have a conservatorship established over your person (as opposed to your estate).

Perhaps most importantly, your AHCD can state whether you want your doc-

tors to perform "heroic measures" to keep you alive, even though you have no brain activity, are in a vegetative state and, with a reasonable degree of medical certainty, will never regain consciousness.

Lastly, your AHCD can either be notarized or you can have two witnesses sign the document in your presence. The witnessing requirements are more strict than the notary public process. I suggest spending the \$10 or so and have it properly notarized.

California Probate Code Section 4701 provides a form that can be used as an AHCD. This form should be available at most legal stationary stores. If you cannot locate one, then you may contact our office and one will be sent to you, free of charge.

NOTE: The phone number for Mr. Dickerman's office in Riverside is (951) 788-2156.

Personal Response Systems (PERS) Support Independent Living
by Roberta L. Wertenberg, C.A.R.E. Program Coordinator

A Personal Emergency Response System (PERS) is an electronic signaling device that will summon help in a crisis. The first PERS was designed by Dr. Andrew Dibner, a professor at Boston University in 1972.

Since that time PERS have been marketed widely, and there are more than fifty companies offering services in twelve different countries. PERS systems have proved effective in helping people remain independent and in their own home, as well as improving outcomes through early detection when an emergency occurs.

Product services may vary between companies, but most offer a three component system comprised of a help button (transmitter), a control console (microcomputer), and an emergency response center that monitors calls. When an incident occurs, the PERS user presses the transmitter's help button, which sends a radio signal to the console. The console receives information from portable or installed sensors, automatically seizing a dedicated telephone line and

sending a message to the pre-programmed emergency response center. There the caller is identified, and an initial contact call is made to the home. If an emergency exists, a call is placed to the emergency service dispatch. Some systems offer a two-way voice communication between the user and response centers. Most systems will monitor the situation until help arrives.

PERS systems can be purchased, rented, or leased. In some states, PERS systems are subsidized by social service agencies, private insurance, or grants. A doctor's prescription may be required. PERS that provide additional services such as security, fire detection, daily telephone contact, and emergency medical services are more expensive.

According to the Federal Trade Commission, PERS products range from \$200.00 to more than \$1,500.00, however some consumers reported paying up to \$5,000.00. Installation fees and a monthly monitoring charge may cost an additional \$10.00 to \$30.00.

Contracts should be reviewed thoroughly, as some companies include a term of service with pre-payment pen-

alties for early cancellation. Check the equipment carefully, making sure that you understand the operation of the unit. Does the company periodically check their equipment, or are you required to do so? Ask about a repair or replacement policy.

Obtain estimates from several companies, and don't be pressured into making a decision before you are convinced of the value of the product. You may also want to ask questions about the response center. Are the personnel trained? Is help available around the clock, and *what is the average response time?*

A personal response system (PERS) may be for you if you are elderly or disabled and can answer yes to most of the following:

- Are more than 75 years of age, disabled, or have children with special needs
- Experience hearing or vision loss
- Feel isolated or live in a threatening environment

***“The more I practice,
the luckier I get.”***

— Arnold Palmer

- Have a history of falls/ problem with mobility
- Physically frail
- Live alone or are left alone apart from caregiver
- Have problems with taking medication, performing personal care, or bathing
- Can remember how to use the equipment.

For many frail elderly and disabled persons, a PERS system can offer an increased sense of security and peace of mind, as well as reducing the burden placed upon the caregiver.

BREATHE.....to relax and relieve stress

An easy way for most people to let go of anxiety and stress and relax is simply to stop, concentrate, and breathe deeply, according to Dr. Shachi D. Shantinath, Senior Research Associate, Department of Psychology, University of Fribourg, Switzerland.

Dr. Shantinath suggests, if we don't have a limiting medical problem, to:

- Sit down in a comfortable

chair or lay down on back

- Loosen tight clothing
- First, empty lungs as much as possible
- Then, focus on the abdomen and expand it *slowly*, as much as possible, while breathing in
- Repeat the complete exhalation and slow and complete inhale pattern until relaxed and calm.

Some people may find it useful to place the palm of their hand on their abdomen as they practice deep breathing, watching their hand rise and fall slowly.

Whether, in the morning before beginning the day or as a way of winding down at the end of the day, Dr. Shantinath urges that simple deep breathing exercises be done everyday. He says that two things will result from daily deep breathing:

1. Difficult or worrisome situations will be handled more easily and calmly and fewer things will bother you
2. You will learn to train yourself to become relaxed almost immediately when needed—simply by breathing with your stomach.

DID YOU MISS

SOMETHING?????

Many *Meeting the Challenges* readers save every issue to refer to when personal circumstances change or friends need help!

But don't worry if you didn't think that far ahead, you can still have a collection of all of the best *Meeting the Challenges* articles from the last eight years...at your fingertips, on one handy CD... Get your copy of the **Living Well CD** today....

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141 articles cover a wide range of topics including health, medical, legal, financial, successful aging, personal safety, caregiving and more—each article is written to help us understand the whys of situations and to provide practical guidelines for taking positive action.

Allow 3-4 weeks for delivery. The CD will play on any PC. It is completely self-contained. Just put it in your CD Drive and it will start automatically and display the Table of Contents. Point and click to select the articles you want to read.

SOME EASY WAYS TO CUT GAS EXPENSE

1. Always keep your car tuned up and in good repair. A poorly tuned car can use up to 25% more gas.
2. Avoid buying higher octane gas than your car requires. If your car doesn't need it, you're wasting money.
3. Keep your tires properly inflated. This can make a huge difference in your gas mileage -- up to 6% loss for every single pound your tire is under-inflated. Check your tire pressure frequently.
4. Consider getting steel-belted radial tires, since they can pay for themselves over time. They can increase gas mileage up to 10%.
5. Don't carry unnecessary items in your car. Every 250 extra pounds eats up an extra mile per gallon. Another good reason to clean out the trunk.
6. Don't let your car idle, either when you warm it up or when you are at a standstill. If you're going to be standing for more than a minute, running your engine wastes more gas than restarting the engine.
7. Buy gas when it's cooler during the day (like the early morning or at night) to reduce gas evaporation.
8. This is probably obvious -- but slow down. Most cars are less efficient at higher speeds. You'll save 2 miles per gallon driving 55 mph rather than 65 mph. That adds up.
9. Another obvious suggestion is to drive less. Combine errands, carpool, and plot out your route beforehand to avoid backtracking whenever possible.
10. Develop good driving habits. For example, accelerate gently, maintain a steady speed rather than speeding up and slowing down, and avoid slamming on the brakes.
11. Keep your windows closed when driving on the highway. Open windows can reduce your gas mileage by as much as 10%. In stop-and-go traffic, open the windows and turn off the air conditioning to save money.

[SOURCE: <http://scambusters.org>]

*“What we do for ourselves dies with us.
What we do for others remains and is immortal.”*

-- Albert Pike, American author and composer (1809-1891)

What Cooking Does...

Food is changed physically by the way it is cooked. Flavor, texture, appearance, and nutritional values are affected. Whether baked, roasted, boiled, steamed, sautéed, or fried, heat is applied in different ways, at different temperatures, and may introduce a new ingredient into the food, such as water or oil.

Vegetables will become mushy within 10 minutes when heated at 209°F. Always put vegetables into boiling water and stop their cooking before they become mushy. When they turn to mush they release air, internal water and all important nutrients from their collapsing cells.

Rice and pasta swell when boiled in water because of their starch content.

All foods brown at temperatures above 310°F. The temperature of food that is steamed or boiled never exceeds the boiling point of water (212°F), so it doesn't brown. Foods are often covered in a hot oven to slow down browning.

When foods are deep-fried, the oil temperature should be 350°F to minimize the food's absorption of oil.

[SOURCE: Cooking Science from the BBC]

REACH AND HELP! Contact rsmith@vitalco.net to become a corporate sponsor of Challenges.....

Healthy Cooking Ideas

by April Hamilton, Nutrition Educator, Riverside County Office on Aging

Eating healthy requires cooking healthy. Whether you are looking to cook healthy for medical nutritional health, weight loss or just to maintain a healthy diet, it is important to know some healthy cooking tips. Make your cooking into great tasting, healthy meals.

Many people face changing nutrition needs through out their life due to weight concerns, health concerns such as diabetes, high blood pressure and cholesterol. If faced with any health concerns a person should always consult a physician, Registered Dietician, nutritionist or other health professional to help with their nutritional needs and healthy meal preparation.

First, some tips on preparing foods with less fat and sodium.

- Trim fat from meat and buy lean cuts of meat such as sirloin, top round/loin.
- Remove skin from chicken and turkey before cooking.
- Use non stick cooking spray.
- Use herbs, spices, lemon

and lime juices, onion and garlic, low or no salt seasoning mixes.

- Use olive oil or canola oil instead of vegetable oils
- Use margarine with low sodium instead of butter.
- Use low fat, fat free and low sodium foods and ingredients.

Here are some herbs and spices to use with common foods. This is a great way to add flavor to foods with out adding salt.

- To season beef use allspice, chili powder, cinnamon, cumin, dill, fennel, garlic, lemon pepper, ginger, oregano, paprika, pepper, tarragon, savory, rosemary
- To season fish try basil, bay leaf, cayenne, cumin, curry powder, dill, ginger, lemon pepper, marjoram, oregano, paprika, parsley, pepper, saffron, sage, savory, tarragon, thyme
- For pasta try basil, oregano, parsley, pepper, poppy seed
- On poultry use basil, bay leaf, coriander, dill, ginger, lemon pepper, marjoram, paprika, parsley, pepper, rosemary, saffron, sage, tarragon, thyme

- For vegetables try bay leaf, parsley, thyme, lemon pepper, marjoram, mint, oregano, allspice, anise, basil, dill, sage, pepper, chives, nutmeg, cinnamon
- On fruits use allspice, anise, basil, cinnamon, cloves, fennel, ginger, mace, mint, nutmeg, rosemary

There are several ways to cook foods in a healthy way.

- Reduce frying to little or no frying. If you do fry foods, drain oil and pat away oil from food. Use vegetable oil when frying.
- Broil, roast, bake or steam meats, poultry and fish.
- Stir-fry vegetables with meat, poultry, and/or seafood with a small amount of olive oil. Use seasonings and sauces with reduced or no salt/sodium.
- Sauté meat in nonstick pans with cooking oil, olive oil or low fat vegetable oil.
- Steam vegetables in a sauce pan with steam basket. No salt or addition seasoning needed but may use herbs, lemon or lime juice for added flavor.
- Grill meat, poultry or fish

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and use a rack to allow fat to drain.

- Use a microwave cookbook for making dishes with reduced fat recipes.
- Use low fat (1% or 2%) milk, non fat milk, skim milk instead of whole milk; use low fat yogurt, low fat cottage cheese or fat free sour cream instead of heavy cream or sour cream

The best cooking oils to use are low in saturated fat with no cholesterol: Olive oil, Peanut oil, Corn oil, Sunflower oil, Safflower oil and Canola oil. Check for possible substitutions in baking and cooking with oil, butter and margarine to make the healthiest choice.

For those who have Internet access, additional healthy eating guidelines to help with making healthy food choices are available from the USDA through easy links in the *Nutrition, Recipes and Cooking Section* of the Partnership's Vital Connections website at www.vitalco.net

Always think healthy and choose wisely when cooking.

"Diet is a significant factor in the risk of coronary heart disease, certain types of cancer, and stroke—the three leading causes of death in the United States." —USDA

Adventures in Eating...

Instead of reaching for the big red bottle in your local supermarket, for an incredible summer taste adventure, try making your own *Chunky Peach-Cranberry Ketchup!*

Ingredients

- 1 Tbls olive oil
- 3 Tbls chopped shallots
- 2 Cups diced skinned peaches
- 3 Tbls cranberry sauce
- 3 Tbls white wine vinegar
- 1 Tbls dark brown sugar
- 1/2 Tbls tomato paste
- 1 Tsp chopped fresh thyme
- 1/4 Tsp ground oregano
- 1/4 Tsp salt

In a sauté pan, warm the oil and sauté the shallots for 3 minutes. Add the peaches and sauté for about 2 minutes or until juices release from the fruit. Add the rest of the ingredients and stir well. Simmer for 5 to 6 minutes. Remove from heat and chill thoroughly.

Use your Chunky Peach-Cranberry Ketchup as a condiment in place of standard ketchup.

Store unused ketchup in a tightly covered container in your refrigerator.

[SOURCE: Weber-Stephen Products, Co.]

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Send your contribution to:

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CA 92223-3097**

Thank you for showing your support for this very unique publication.

**Richard Smith
Editor**

P.S. - Please send your donation today, while you are thinking about it. We need your help!

SAVE THESE DATES

Thursday, September 16th
5th Annual GRANDPARENTS
RAISING GRANDCHILDREN
CONFERENCE
in Lake Elsinore

Thursday, October 28th
2nd Annual HOUSING
CONFERENCE in Indio

For more information, contact
Donna Pierce at the Riverside
County Office on Aging
1-800-510-2020

Paid Family Leave Program Goes Into Effect

On September 23, 2002, former Governor Gray Davis signed legislation to extend disability compensation to cover individuals who **take time off to care for a seriously ill child, spouse, parent, or domestic partner, or to bond with a new child.**

The Employment Development Department answers some frequently asked questions:

- When does the Paid Family Leave Program begin?
Benefits will be payable for Paid Family Leave claims commencing on or after **July 4, 2004.**
- How long may I receive Paid Family Leave benefits?
You may receive up to **six weeks of benefits** that may be paid over a 12 month period.
- How does State Disability Insurance differ from Paid Family Leave?
State Disability Insurance (SDI) is also unemployment compensation disability insurance. Like Paid Family Leave, it is a

form of disability insurance, but State Disability Insurance is different because it compensates workers who suffer wage loss when they can't work because of **their own illness or injury.**

- Are payroll deductions mandatory?
Yes. Beginning **January 1, 2004**, employers were required to deduct the Paid Family Leave contribution from the wages of employees who are covered by the State Disability Insurance program.
- Who pays?
The Paid Family Leave Program is fully funded by **employees' contributions**, similar to the State Disability Insurance Program.
- What is the telephone number for State Disability Insurance?
The telephone number for State Disability Insurance **in English is 1-800-480-3287; in Spanish it is 1-866-658-8846.**

A HELPING HAND FOR GRANDPARENTS RAISING GRANDCHILDREN

If you know someone in Riverside County who could use a hand raising their grandchildren, please refer them to Mary Jo Casino at (951) 791-3573.

The Grandparents Advocacy Program, of the Riverside County Office on Aging, helps grandparents access needed assistance, such as legal services, counseling, affordable childcare, financial and medical assistance, food distributions, emergency supplies, and more.

Many grandparents end up taking care of grandchildren unexpectedly, and this is one of the most stressful and complicated caregiving situations. If this is happening to you, it isn't necessary to try to do it alone. Call today!

Those who would like to volunteer to help grandparents raising children are also urged to call. All it takes is the desire to help and a willingness to commit 4 hours a week to really make a difference in the life of someone who needs you in your community.



If you live in Riverside County and need volunteer assisted transportation, call 1-800-510-2020 to apply for TRIP.....

FEAR OF FALLING IS A HEALTH RISK

by Noel Pittman, Director, Tai Chi Education and Research Institute

As I made my way to the department store exit I noticed a woman walking toward me - well dressed, thin, in her early 70's. One look at me she stopped dead in her tracks. From my work with older adults, as a teacher of Tai Chi Chuan, I understood that this frail woman feared I might accidentally bump into her and cause her to fall.

Because of her frailty, her fear of falling was completely justified. An injury producing fall could give her a one way ticket to an assisted living facility or even lead to her death. Falling, and its twin evil the fear of falling, are fast becoming the most important health issues affecting aging adults.

Former President Ronald Reagan's well publicized battle with Alzheimer's disease raised public awareness and sparked interest in finding a cure. Less attention was focused on Reagan's fall in his home on January 11, 2001, and the broken hip that resulted. Hip fractures are among the most serious injuries resulting from such falls and can lead to mortality due to blood clots, pneumonia, or infection.

The Centers for Dis-

ease Control report that 1 out of every 3 people age 65 and older have at least one serious fall each year! Alarmingly, 1 out of 4 seniors age 70 or older, who suffer a hip fracture, die within a year of the fall and 50 percent, of those who survive, never return to their prior level of mobility or independence."

According to a body of research published in gerontology journals, "Fear of falling is a big reason seniors adopt a sedentary lifestyle." Most older adults, on some level, recognize the danger of falling and do things that lead to a downward spiral of unhealthy outcomes:

- Retreating from activity leading to weaker muscles.
- Depression sets in due in part to a less active life style.
- Weight gain, due to depression and reduced physical activity resulting in further depression.
- A shuffling gate develops as seniors become fearful of taking a step.
- Heads down and bodies bent forward to watch every step.

Ironically these

"precautions" don't reduce the risk of falls, but increase the likelihood that one will occur.

On the other hand, there is clear evidence that a variety of exercises will, in fact, reduce the risk of falling. Tai Chi Chuan, the slow moving exercise from China, has been demonstrated through research to be one of the best ways to both reduce fear of falling and the actual falls. The National Institute on the Aged reports Tai Chi to be *the most effective intervention*, reducing falls in seniors by 48 percent.

Those who seriously practice Tai Chi improve posture and strengthen the muscles needed to stand and walk. Knowledge of body mechanics, derived from Tai Chi, allow them to walk with greater grace and confidence. Tai Chi is a low tech, low cost solution to one of the most significant health issues facing seniors today.

Noel Pittman, Jr. has studied and taught Tai Chi Chuan and Qi Gung for more than 30 years. Currently, he is teaching many weekly classes in the Coachella Valley. To find out more about local classes, Mr. Pittman may be reached at 760-325-9384 and by e-mail at TaiChi@2by2.net

EXERCISE TO SAVE MONEY

According to research by the World Health Organization and Johns Hopkins University, the average annual healthcare costs for someone with a chronic health condition are \$6,032—5 times higher than for someone without such a condition.

Colin Milner, CEO of the International Council on Active Aging, says that being physically active can save, on average, more than \$2,200 per year in healthcare costs!

That seems like a pretty good reason to at least take a walk *everyday!*

CANCER SURVIVAL RATE JUMPS

The number of cancer survivors has nearly tripled in the last three decades because of improvements in care and detection, according to a new report from the Centers for Disease Control.

Patients diagnosed with cancer today have a 64 percent chance of surviving five years, compared with 50 percent for those diagnosed in the mid-1970s.

SIMPLE STEPS TO PROTECT YOURSELF FROM CREDIT CARD FRAUD

1. Try not to let your credit card out of your sight whenever possible.
2. Don't give out your account number over the phone unless you initiate the call and you know the company is reputable. Never give your credit card info out when you receive a phone call.
3. Never respond to emails that request you provide your credit card info via email — and don't ever respond to emails that ask you to go to a website to verify personal (and credit card) information.
4. Shred all credit card applications you receive.
5. Don't write your PIN number on your credit card — or have it anywhere near your credit card.
6. Never leave your credit cards or receipts lying around — in an unattended purse, for example.
7. Shield your credit card number so that others around you can't copy it or capture it on a cell phone or other camera—be aware that scammers can now use camera-equipped cell phones to snap pics of your card number and name.
8. Only carry around credit cards that you absolutely need. Don't carry around extra credit cards that you rarely use.
9. Treat your credit card bill like your checking account — reconcile it monthly. If you find any charges that you don't recognize — report these charges promptly (and in writing) to the credit card issuer.
10. Shred anything with your credit card number written on it.
11. Never sign a blank credit card receipt. Carefully draw a line through blank portions of the receipt where additional charges could be fraudulently added.
12. Never lend a credit card to anyone else.

[SOURCE: SCAMBUSTERS.ORG]

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

Transportation is Key to Maintaining Personal Independence

by Melanie Norton

Life without transportation can be stifling. Luckily, the loss of a car or driver's license isn't the end of the world. Public transportation is one of the easiest, most affordable ways to maintain the independence and quality of life that you deserve.

Countless seniors and persons with disabilities enjoy the same quality of life as the driving public by using the transit system. In fact, seniors and persons with disabilities make up a considerable portion of the Riverside Transit Agency's passenger base. The bus system allows seniors and persons with disabilities to function in the same capacity as the car driving public. They can still run errands, do their grocery shopping, go to the bank, etc. By using public transportation they aren't at the mercy of their car driving friends and relatives.

The Riverside Transit Agency's fixed route system is ideal for passengers who are mobile. That means if you can walk to the bus stop, get on and off the bus, then you can ride the fixed route system. This includes

wheelchair bound passengers, because all of RTA's buses can easily accommodate them. There are forty-six routes in all, operating throughout Western Riverside County. They offer service to popular points of interest such as shopping, hospitals, libraries and senior centers. A complete listing of main points of interest can be found in RTA's Ride Guide or on the website at www.RiversideTransit.com.

RTA also offers a Dial-A-Ride service, which is for passengers who have physical disabilities that prevent him or her from being able to take the fixed route buses. Dial-A-Ride is a curb-to-curb, reservation based transportation service. Dial-A-Ride gives priority to individuals who are certified under the Americans with Disabilities Act (ADA). To become certified, you must provide a physician's verification of your physical disability and complete an assessment interview in which your eligibility is determined. For information about Dial-A-Ride and ADA certification, call RTA's Customer Information Center at 1-800-800-7821.

If you have questions

about how to ride the bus or how to read the bus schedule, RTA's Customer Information Center is staffed with friendly clerks ready to assist you. They'll help you plan your trip, tell you which route to take, where to catch the bus and answer any other questions you might have. The Customer Information Center is open Monday-Friday from 7 a.m. to 6 p.m. and Saturday-Sunday from 8 a.m. to 5 p.m. and can be reached by calling 1-800-800-7821.

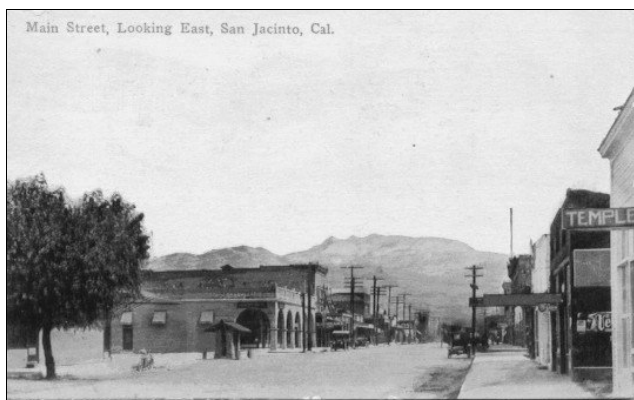
If you're a senior or if you qualify for a disabled ID card, you'll also receive a considerable discount on your bus fare. Seniors and disabled pay only \$16 for a 31-day pass, which is less than half the cost of a general 31-day pass. Day passes are \$1.25 and a book of ten 1-ride tickets is \$4.50.

If you haven't tried public transportation before, learn more about it. Contact RTA's Customer Information Center or pick up a Ride Guide and System Map. You'll be surprised to see all of the exciting places and destinations you could be missing out on.

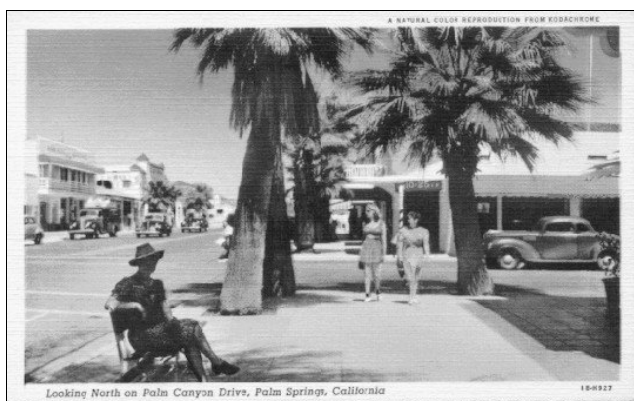
EARLY VIEWS OF RIVERSIDE COUNTY FROM THE RIVERSIDE MUSEUM'S POST CARD COLLECTION



Corona, Downtown, 1890s.



San Jacinto, Main Street, 1905.



Palm Springs, Downtown, 1938.

SUMMER HEAT WARNING FROM U.S. PUBLIC HEALTH SERVICE

According to the Centers for Disease Control and Prevention, excessive heat exposure caused 8,015 deaths in the United States between 1979 and 1999. The types of heat illnesses range from minor to severe, from the painful heat cramps to the very fatal heat stroke, but all are fairly easy to prevent if people take precautionary steps.

Those most at risk of heat related illnesses are people over 65, the very young, the obese, and those with blood or sweat-related illnesses or medications. This includes people with low blood pressure, diabetes, heart disease, dehydration, or malnutrition. The risk is especially high when air conditioning is unavailable for long periods of time, and during heat waves.

Secretary Thompson warns that heat illness prevention centers on remaining out of extreme temperatures whenever possible and remaining fully hydrated.

Avoid drinks with large amounts of caffeine, alcohol, or sugar, as these can inhibit your body's cooling process. Start drinking before you get thirsty. When temperatures get extremely high, make sure to go someplace cool, out of the heat.

PLEASE DON'T FORGET TO SEND YOUR TAX DEDUCTIBLE CONTRIBUTION !

Your donation of \$10 or \$25, \$50, or more, is essential this year.

Meeting the Challenges P.O. Box 3097 Beaumont, CA 92223-3097

Living with Low Vision

by Sarah Feinbaum M.A., Orientation and Mobility Specialist

Low vision is a term used when describing a person who has difficulty seeing or reading. If you have low vision, you may benefit from visual aids that may increase your ability to see and your mobility.

To find out if you might benefit, begin with a low vision evaluation from an optometrist who has had special training to examine low vision patients. The exam is comprehensive. Patients should bring to the exam any magnifiers they use and an example of the printing they are able to read. It is also important for the doctor to know what activities the patient has enjoyed in the past, for example, knitting, playing cards, gardening, going to the movies, and so forth.

The exam consists of both information gathering and measurements:

- A detailed medical history of the patient and their family, including a complete eye history of diseases and treatments.
- An understanding of the patient's visual goals — what is important for the patient to see and do.

- A trial frame refractor exam in which a series of various types and strengths of lenses are tested by the patient. A new prescription may be ordered.
- An ocular health check, which includes testing magnifiers, monocular, a lighting evaluation, different shades of sun tinting for lenses, and other assessments not included in conventional eye exams.

When the exam is complete, the doctor will review the results and offer recommendations for adaptive living techniques or low vision aids.

Many different low vision aids are available. Magnifiers include:

- *Fixed focus.* These magnifiers have a fixed focal point with a built in light. They sit directly on the material to be read and are good for using in one's home. Many come with an optional electric adapter to replace battery operation.
- *Handheld, lighted.* These are non-fixed focus and are small enough to fit into a pocketbook or

pocket, are battery powered and can either come with a halogen light or an LED light.

- *CCTV (Closed Circuit Television).* They can magnify up to 50 or 60 times and are primarily used for reading. They are self contained and not portable because of their size and weight.
- *Video magnifiers.* These can hook up to an existing television set or have their own reading screen. Also very effective, they enlarge print up to sixty times and can be used for distance viewing. Video magnifiers also allow users to work on small objects, or continue with hobbies. Some come with a mirror to assist with putting on make-up and fixing hair.

Colored lenses, added to a prescription or separately, are individually fitted to maximize vision by decreasing the amount of sun glare. They come in many colors.

Anyone with uncorrected acuity of 20/70 or more can benefit from a low vision exam.

Dr. Sandra Akamine provided low vision exam information. Her offices are in Riverside at 4515 Central Avenue.

Superando Nuestros Retos.....

Compensación temporal por ausencias del trabajo para atender familiares

El 23 de septiembre de 2002 el gobernador Gray Davis firmó la ley que amplía la cobertura del seguro por incapacitación para incluir a personas que **se ausentan de su trabajo para atender a hijos, esposos o socios domésticos seriamente enfermos o para pasar tiempo con hijos nuevo.**

El Departamento de Desarrollo de Empleos responde algunas preguntas frecuentes:

- ¿Cuándo comienza el programa?

Oficina para Anciano
800.510.2020

Recursos:

- Transportación
- Programa Asistencia En Casa
- Vivienda para Personas Mayors
- Recursos Economicos para Modificaciones en el Hogar
- Servicios Legales
- Servicios Sociales

La compensación por ausencia para atender familiares comenzará a pagarse a partir del **4 de julio de 2004.**

- ¿Cuánto tiempo puedo recibir esta compensación?
Usted puede recibir hasta **seis semanas de prestaciones**, dentro de un periodo de 12 meses.
- ¿Cuál es la diferencia entre las compensaciones para atender familiares y el Seguro Estatal por Incapacitación (State Disability Insurance)?
Al igual que las compensaciones para trabajadores que se ausentan para atender familiares State Disability Insurance (SDI) es un seguro por incapacitación. Sin embargo, SDI es diferente porque compensa a quienes no pueden trabajar a causa de una **lesión o enfermedad que sufren ellos mismos.**

- ¿Son obligatorios los descuentos en los sueldos?
Sí. A partir del **1 de enero de 2004**, los patrones tienen la obligación de deducir de los sueldos de los trabajadores, cubiertos por State Disability Insurance, la contribución al programa de compensaciones para trabajadores que se ausentan para atender a familiares.
- ¿Quién patrocina este programa?
El programa es pagado totalmente con **contribuciones de los trabajadores**, en forma similar a como opera State Disability Insurance.
- ¿Cuál es el número telefónico del State Disability Insurance?
El número telefónico del State Disability Insurance **en inglés es 1-800-480-3287; en español es el 1-866-658-8846.**

El número telefónico del State Disability Insurance es el 1-866-658-8846

Superando Nuestros Retos.....

Tranzas de inversiones dirigidas a ancianos

Según la Asociación (no-lucrativa) Norteamericana de Administradores de Valores, ¡de lo que más debe cuidarse cualquiera es de alguien que promete retornos altos a bajo riesgo! Tengan cuidado. Esas dos cosas no van juntas.

He aquí algunas tranzas de inversiones típicas:

- Acceso a carteras de inversiones de los bancos élités mundiales o la realeza saudita, por ejemplo, *y grandes ganancias*. No les crea
- Los seminarios de inversiones son diseñados para hacer dinero por medio de cuotas de admisión y la venta de libros y audio cintas. La mayoría de las veces, es la gente que las maneja la que se hace rica!
- Invitaciones a miembros de un grupo, religioso o étnico, son algunas veces usados para conseguir la confianza y robarles sus

ahorros de la vida por medio de programas “donativos” para varias “causas” que no son reales. Otra tranza étnica popular es la participación en tramas de cambios de moneda extranjera.

- Pagarés a corto plazo, emitidos por compañías inexistentes o poco conocidas, ¡que prometen grandes ganancias sin riesgo! ¡No hay riesgo de que no pierda en esta inversión!
- Inversiones en pozos petroleros y de gas, que siempre las hay pero probablemente entrarán más en el juego hoy día. Muchas veces las promueven como tratos “bien seguros” –no les crea.
- Inversiones en “arreglos para ancianos” prometidos a pagar cobrando los beneficios de muerte. Intereses los intereses para ancianos mayores “sanos”, el año

pasado, rebasaron los dos mil millones de dólares y ¡hay gran oportunidad de que vivan más que los inversionistas!

- Arriendo de equipo puede ser inversión legítima, pero muchos han sido exprimidos por medio de inversiones en ATMs y casetas telefónicas que prometían mucho más de lo realmente pagado. Tenga cuidado.
 - Las tramas de pirámides siguen atrayendo muchos ingenuos, a pesar de la mala publicidad que han recibido a través de los años. Típicamente, la gente se involucra porque conocen a alguien que recibió mucho dinero. Eso sólo funciona para los primeros inversionistas; usted se emociona, invierte sus ahorros de la vida, ¡usted pierde!
- Parece demasiado bueno para ser verdad, NO LO ES. Siempre recuerde que cuando alguien le *vende* algo, *su motivación es qué lo que van a ganar con ello.*

.....*Superando Nuestros Retos*

TRANZA "Lotería Latina"

Una mujer de 61 años de edad fue recientemente abordada en el estacionamiento de un súper mercado por una mujer más joven que le preguntó si hablaba español.

La joven mujer le dijo a la víctima que acababa de ganar \$210.000 en la lotería pero que necesitaba abrir una cuenta de cheques para recibirlo. Le explicó que era inmigrante ilegal de Venezuela y no podía conseguir una identificación válida en EU para abrir la cuenta necesaria.

Las dos fueron abordadas luego por un hombre mayor que preguntó si podía ayudar. Le explicaron el problema nuevamente y el hombre pretendió hablarle a la lotería de California en su teléfono celular. Él les dijo que "ellos" dijeron que la joven mujer podía reclamar el premio si tuviera 2 testigos que avalaran por ella. Sin embargo, ella tendría que poner una fianza de buena fe y luego compartir la ganancia.

El día siguiente, la víctima retiró \$20.000 que puso en un sobre junto con otros "\$20.000", que eran la otra parte del hombre, y le pidieron que lo sostuviera. El hombre y la mujer luego se fueron y, cuando la víctima abrió el sobre, ¡contenía papel recortado!

Translation provided by Leopoldo Treviño

Numeros Importantes

Departamento de Desarrollo del Empleo

Hemet 951.791.3500

Indio 760.863.2600

Riverside 951.955.3100

Temecula 951.600.6000

Oficina del Seguro de Incapacidad

800.480.3287

Administración del Seguro Social

800.772.1213

Servicio de recaudación de Impuestos

800.829.1040

Servicio de Inmigración y Naturalización

800.375.5283

Departamento de Motores y Vehículos

800.777.0133

Oficina para Anciano

800.510.2020

Servicios Legales Inland Counties

800.226-4257

Autoridad de la Vivienda

Riverside 951.351.0700

Indio 760.863.2828

Protección para Adultos

800.491.7123

Protección para Personas Menores de Edad

800.442.4918

Concilio justo de Casas

800.655.1812

ARE YOU CONFUSED ABOUT THE MEDICARE DRUG DISCOUNT CARDS?

HICAP, the Health Insurance Counseling and Advocacy Program, provides information and assistance with Medicare, managed care (HMOs), long-term care insurance and other related health insurance issues.

Funding for the free service is provided

by the government.

Trained volunteer counselors offer objective information to help seniors and other Medicare beneficiaries make good health care decisions.

CALL TODAY AT **1-800-434-0222**

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