Meeting the Challenges

Quarterly

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Partnership to Preserve Independent Living for Seniors and Persons with Disabilities

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Paying for Health Care

Part B, Medigap, managed care? Confusing to say the least! ***What covers what and how much does it cost?***

Fee-for-Service is a health care insurance policy that is purchased and that allows the insured to choose any doctor, change doctors at will, and receive service at any hospital in any part of the country. With this type of coverage, the insurance company only pays a portion of the medical bills and the patient pays the rest:

- The patient pays a monthly premium.
- An annual "deductible" applies that requires the patient to pay a certain amount before the insurance pays anything. The deductible in a policy might be for each person covered by the policy or could be for the entire family and varies dependent on the policy that is purchased.
- After the deductible is paid each year, the insurance pays a portion of the medical costs and the patient pays the rest, which may be 20% or more of all medical expenses.
- Coverage of some services might be limited or excluded under the terms of the policy.
- Most fee-for-service policies have a "cap", or maximum amount that the patient has to pay each year.

Original Medicare is a private fee-for-service plan, which means that beneficiaries can choose any doctor or specialist who accepts Medicare, and is available nationwide. Everyone over the age of 65, people younger than 65 with certain disabilities, and everyone with End-Stage Renal Failure are eligible for Medicare. People who are automatically eligible when they reach 65 are sent their Medicare card about 3 months prior to their birthday.

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DISCLAIMER:

Articles prepared by or presented in *Meeting the Challenges* are for general information purposes only.

The information is not intended to be medical advice. If you suspect that you have a physical, medical or psychological problem, you should always seek care from a qualified professional.

Before taking any action that may impact you personally, consult with your own physician, attorney, investment counselor, or other professional advisor.

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- Medicare Part A covers hospitalization and short-term nursing facility care, and is free to everyone who paid for it with their payroll taxes. Those who do not qualify for Social Security, because neither they nor their spouse worked long enough, or who have returned to work and are not eligible for that reason, may be able to purchase Part A with a monthly premium. People who continue to work after age 65 should enroll in Part A during "open enrollment", which is from 3 months before their birthday to 3 months after their 65th birthday.
  - Part A pays 100% of the first 60 days of a hospital stay, after the patient pays the deductable. After 60 days the patient currently has to pay about $240 a day.
  - The first 100 days of medically necessary skilled nursing care and rehabilitation, after a hospital stay of 3 days or more, is covered by Part A, but after the first 20 days the patient is required to pay a "coinsurance" amount of about $120 a day. Custodial care is not covered.
  - If a patient is confined to their home and requires medical treatment, Part A covers medical services and therapy by a home health aid or a visiting nurse. Currently there are no deductibles, copayment, or coinsurance requirements for home health care. Part A pays 20% of the purchase of durable equipment, such as a wheelchair.
  - Coverage of a patient stay in a psychiatric hospital is the same as for general hospital stays, however there is a life limit of 190 days of Part A coverage.
  - Hospice care is covered without a deductible or coinsurance requirement and only a $5 copay is required for any pain relief medications that are prescribed.
- Medicare Part B is optional and helps to cover doctor's and outpatient expenses, including things like lab tests and x-rays. It is health insurance and the monthly premium currently is about $80. The monthly premium typically increases each year and will be calculated on a sliding scale in future years for

people with higher income. The Part B annual deductible is currently $110, but this also typically increases annually by the same percentage that the monthly premium increases.
  - It only pays for *services it considers reasonable or medically necessary*, and does not pay for such things as eye exams and glasses, dental services, hearing aids, most chiropractic services, or what it says are "experimental" procedures.
  - For the most part, it does not pay for preventive services, such as routine physical exams. Some things are covered, however, like cancer screenings and self-management diabetes training.
- Medicare Part C, originally called Medicare + Choice, now called Medicare Advantage, is an *alternative to Parts A and B*. Under Part C, insurance companies contract with the government to provide *HMO ("managed care") or PPO ("preferred provider") service*s, which must be equal to or greater than the services provided through original Medicare.
- Medicare Part D is also insurance provided through private insurance companies and is supposed to help cover prescription expenses. Everyone who is eligible for Medicare can enroll in this service. The two ways to get Part D coverage are to join a Medicare prescription drug plan or join a Medicare Advantage (HMO or PPO) Plan or other Medicare Health Plans that offer drug coverage. As with any insurance policy, there is an annual deductible, which currently has to be $250 per year or less. There are also co-pay and coinsurance expenses, depending on the plan that is selected and various plans cover different medicines.

Medicaid (Medi-Cal) is funded by both the state and federal governments and is designed to help pay for the health care of people of all ages who have "very low income and few assets". Eligibility requirements vary from state to state.

- In California, Medi-Cal covers people who have low income or have limited means to pay for medical services and may be eligible if aged, blind or have disabilities established under Social Security's SSI rules. Non-elderly people with on-going disabilities that preclude work may qualify. Individuals with specific health care needs, including dialysis, breast and cervical cancer treatment, nursing home care, may qualify. Uninsured children or pregnant women may qualify and single-parent families or families when the wage earner is unemployed or underemployed may qualify. However, low income or medical need alone is not enough to qualify a person. In addition to the required

(Continued on page 4)

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

If you live in Riverside County and would like to volunteer to be a driver, call 1-800-510-2020 to ask for TRIP…..

(Continued from page 3)

presence of other qualifying factors, resident status also is considered in the complicated determination process.

- Medi-Cal covers health care costs and some things that Medicare does not cover, such as prescription medications and custodial nursing home care. People who are eligible for both Medi-Cal and Medicare are called "dual eligibles", and Medi-Cal then pays the Medicare deductibles, copays and coinsurance expenses.

HMOs (Health Maintenance Organizations) are corporations that provide comprehensive care for members. HMOs receive a fixed fee, either in the form of a monthly premium from or on behalf of the enrolled member, from the member's employer or Medicare. Choice of doctors and hospitals are limited to those who have agreements with the HMO to provide care. Usually copayments are small and there are no deductibles. The range of services provided by HMOs vary between choices, but often include preventative care including immunizations and physicals.

PPOs (Preferred Provider Organizations) allow members to choose from a network of "preferred" providers and pay most of the health care expenses when preferred providers and hospitals are used. As with HMOs, normally a small copayment is collected at the time of service but, unlike with HMOs, PPOs also have schedules of required deductibles and coinsurance.

Medigap insurance is private insurance purchased from commercial insurance companies to cover expenses not covered by Medicare, including the deductibles, copayments and extra charges by doctors who do not accept Medicare reimbursements as full payment for their services. There are many different types of standardized medigap policies available that cover different things. They do not duplicate payment for services under Medicare Parts A and B, but they may duplicate benefits already provided by HMOs or PPOs under Medicare Advantage. Medigap policies do not cover long-term care, vision or dental care, hearing aids or all prescription drugs, but special insurance policies can be purchased to also cover these services.

Long-term care insurance, purchased from private insurance companies, is designed to help pay for services such as home care, or needed care in a nursing home or assisted living facility. Periodic premiums are smaller the earlier in life that long-term care insurance is purchased.

Disability insurance can be purchased to replace income in circumstances of long-term illness or injury.

The Genetically Handicapped Persons Program (GHPP) is a California funded program that helps pay for medical costs of people with genetic diseases such as hemophilia and certain other hereditary bleeding conditions, Cystic Fibrosis, Sickle Cell Disease and Huntington's Disease. It often pays for medical services not fully covered by other plans and coverage includes: hospital and outpatient medical services including x-ray, laboratory, and other diagnostic services, physician/dental services, prescriptions, medical supplies, therapy, prosthetic and orthopedic appliances, durable medical equipment, and some home health agency services.

[SOURCES: Medicare.gov; Medicare.org; Department of Health and Human Services-Agency for Health Care Research and Quality; Merck Manual of Health & Aging; California Health Care Foundation-Guide to Medi-Cal Programs]

Caregiver Tips: Working with Difficult People

Some people are very difficult to get along with. Typically, they complain, always blame others for things that are happening to them, and are negative about everything. They see themselves mostly as victims, are overly suspicious and tend to be hostile and vindictive.

According to Gloria M. Davenport, Ph.D., in her book Working With Toxic Older Adults, a common response for healthy people is to avoid having anything to with people who are this difficult. She suggests that avoidance is a normal reaction to bullying, unreasonable demands, and manipulative behavior – both by service providers and even by family members who try to distance themselves from uncomfortable situations.

Often times, however, the most difficult also need care and if you are a caregiver for this type of person, you have your hands full. Davenport points out that there are some basic things to remember to protect yourself and preserve caregiving effectiveness:

- Understand that the difficult behavior comes from a rigid inability to manage personal feelings that results in fearful lashing out or withdrawal.
    - Sometimes early experiences, including lack of parental love, have helped to shape the difficult person.
    - They may be suffering from personality disorders that might be addressed successfully through therapy or medications, if they are willing to seek this type of assistance.
    - Other stressors, such as pain and loss, can result in a very self-centered perspective and the erosion of normal social constraints.
- Realize that it is up to you to maintain your own equilibrium when working with a difficult person and that you cannot "change" them.
- Look for the good in the difficult person – everyone has good and wonderful qualities – try to focus on those.
- Try to think of the difficult person as an interesting challenge from which you can personally learn and grow.
- Try to demonstrate to the person that you care about and for them, but avoid trying to please them by doing everything they demand.
- Remember that you cannot make them feel happy – that only they have the key to their own happiness.
- Don't play along – do not accept the guilt or blame that may be directed toward you, but do not argue with them
- Always be direct and to the point in your dealings with a difficult person. Be firm and set limits.
- Take care of yourself – learn and practice relaxation techniques, get exercise, maintain your interest in things that are unrelated to caregiving, join an appropriate support group, and arrange for respite – avoid the use of alcohol.
- If they are family, make your love for them unconditional – do not expect or depend on reciprocal demonstrations or even acknowledgement.

"A sad soul can kill you quicker, far quicker, than a germ."

-- John Steinbeck
Travels with Charley
—in Search of America

Study Results: Overweight Isn't Necessarily the Same as Unhealthy

According to Dr. R. James Barnard, a professor of physiological science at UCLA, the results of his research show that a low-fat, high-fiber diet and exercise can "reduce oxidative stress, lower blood pressure, and improve risk factors for other chronic diseases in a very short time."

Eleven obese men aged 38 to 72, participated in the 21-day residential diet and exercise program. Seven of the men suffered from hypertension, defined as a reading of more than 140 over 90.

The meals consisted of less than 10 percent of calories from fat, 15 to 20 percent from protein and 70 to 75 percent from unrefined carbohydrates. Carbohydrates were derived from five servings of high-fiber whole grains, four servings of vegetables and three servings of fruit daily. Grains, vegetable, and fruit were served all-you-want buffet style. The men had one serving of chicken or fish for dinner. The exercise program consisted of brisk walking on a treadmill for 45 to 60 minutes a day.

By the end of the program, none of the seven hypertensive men had high blood pressure. Although body weight and body mass index decreased slightly (about 4 percent each), the men were all still obese at the end of the three-week program.

Other measurements of heart health were also taken at the beginning and end of the study, and in combination with normalization of blood pressure, Dr. Barnard concludes that risk reduction occurs quickly, even if a person is still obese.

"You can lose weight over time, but fortunately, we can ease high blood pressure and the risk of atherosclerosis and heart disease while, or even before, you shed excess pounds," Barnard says. Similar positive changes have been seen in non-obese peo-

ple as well.

Lifestyle change, according to Dr. Christian Roberts, another of the study's authors, can make that much difference but he warns that if you return to an inappropriate diet and stop exercising, the hypertension and heart disease risks will return.

[SOURCE: American Heart Association]

LEARN TO BETTER MANAGE MEDICATIONS

You are invited to learn an easy and effective way through a special Office on Aging educational program presenting the SMARxT Card.

Presentations about the SMARxT Card and how to use it are being scheduled now and include the video "To Lead a Better Life", which is narrated by Walter Cronkite.

For more information or to schedule a presentation contact Donna Pierce at (951) 867-3800.

An idealist is one who, on noticing that a rose smells better than a cabbage, concludes that it will also make better soup.

- H.L. Mencken

Questions? Need an application form?

Call: 1-800-806-1191 (TTY English: 1-800-806-4474)

En español: 1-800-949-5650 (TTY: 1-800-896-7670)

High Tech Surgical Therapy to Relieve Chronic Back Pain:
The Amazing Spinal Cord Stimulator

Imagine getting big relief from your *chronic and debilitating* lower back pain! If you and your physicians have tried everything—pain management, pain medications, surgery, and physical therapy, and nothing has given you relief, this may be the answer for you.

Spinal cord stimulation uses low voltage stimulation of the spinal nerves to block the feeling of pain. A small generator, implanted in your back or abdomen, transmits an electrical current to your spinal cord. The result is a tingling sensation instead of pain.

The procedure has been used and tested since the 1970s. By interrupting the pain signal, the procedure has been highly successful, allowing many patients to return to a much more active lifestyle.

Stimulation does not eliminate the source of pain, but it interferes with transmission of the pain signal. The goal for spinal cord stimulation is a 50-70% reduction in pain, but the amount of pain relief varies for each person. Stimulation does not work for everyone. Also, some patients find the tingling sensation unpleasant. A trial stimulation is performed before the device is permanently implanted.

Not everyone is a candidate for the procedure. If an individual's pain is caused by a correctable condition, that must be fixed first. Also, people with a cardiac pacemaker cannot use a stimulator.

In general, your physician will not consider a spinal cord stimulation therapy unless:

- other common therapies have failed
- you would not benefit from additional surgery
- you are not seriously dependent on pain medication or other drugs
- you do not have psychological problems
- there are no medical conditions that would keep you from undergoing implantation
- a trial stimulation was successful.

An implant usually sits in the deep muscles in the back or abdominal area. Because implantation of the stimulator is an invasive surgery, all of the usual risks of surgery are present during the procedure. According to Managed Care Magazine, other possible risks include breakage of the electrodes and hardware, leakage of spinal fluid, and development of tolerance to the stimulation resulting in less effective relief.

The benefits for many, however, far outweigh the potential risks and drawbacks. The 3 U.S. makers of systems include Medtronic, Advanced Neuromodulation Systems, and Advanced Bionics. Advanced Bionics has engineered a major breakthrough in the technology by using rechargeable batteries that are imbedded with the unit. A through-the-skin charger keeps the batteries at peak power allowing a higher level of pain control and decreasing the frequency of surgeries required to replace batteries. The Advanced Bionics unit is also less than half the weight and size of other stimulators, which creates "more placement options and greater patient comfort", according to Advance Bionic's Doug Lynch.

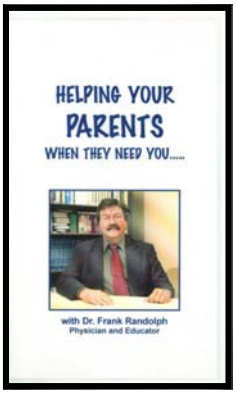
This year, Medicare increased the reimbursement allowance for the rechargeable

devices. Lynch says, "They are well covered now. There are many different factors that determine out-of-pocket costs. Most private insurance carriers also cover the technology."

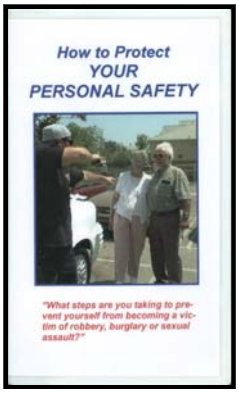
He continues that he believes the best way for a potential patient to proceed is to see a pain management physician who offers the treatment. Readers can call 1-888-360-4747 for more information on the Advanced Bionics system. Medtronic can be reached at 1-800-328-2518 and the number for Advanced Neuromodulation Systems is 1-800-727-7846.

VIDEOS AND INFORMATION RESOURCES

Available from the Non-Profit Partnership

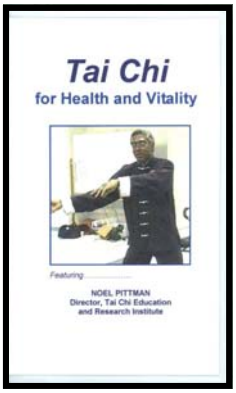


How to adjust to your new role of caring for a parent—real lessons from real life.
VHS 30 minutes

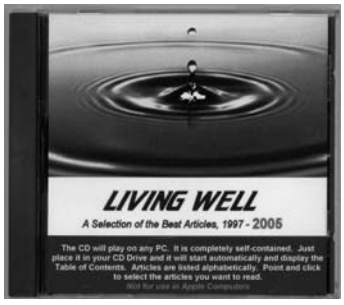


Learn the steps you can take to help increase personal safety and avoid becoming the victim of a crime.
VHS 15 minutes

Funny and packed with suggestions: includes checklist to reduce your risk of falling.
VHS 15 minutes



Learn the history, art, and many of the principles of the ancient, graceful exercise of Tai Chi.
VHS 30 minutes



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ALL AVAILABLE AT THE

Meeting The Challenges ON-LINE STORE

http://stores.ebay.com/Meeting-the-Challenges

Exercises for Improved Mental Health — Make Days More Fun!

Daydream – Sometimes, just close your eyes, breathe slowly and deeply and imagine yourself in a peaceful and enjoyable place. Remain there until you are wrapped in a sensation of peace and tranquility.

Remember the good times – Recall the times when you have enjoyed pleasure, comfort, tenderness, confidence, or other positive emotions.

Learn to interrupt negative thoughts – They are usually noisy and insistent, but they cannot be allowed to take over. It is nearly impossible to block them, but when we distract ourselves with other things they will often slip into the background. Tell yourself that things are OK, solve the problem if you can, or make solid plans to begin to take positive steps to solve the problem when you can.

Concentrate on one thing at a time – For example, when you are out for a walk or spending time with friends, turn off your cell phone and stop making that mental "to do" list. Enjoy everything about the moment you are in.

Exercise – Regular physical activity improves psychological well-being and can reduce depression and anxiety. Joining an exercise group or a gym can also reduce loneliness because it connects you with a new set of people sharing a common goal.

Take up a hobby – A hobby allows you to do something you enjoy because you want to do it, free of the pressure of everyday tasks. It also keeps your mind active.

Make a "things to do" list – Goals don't have to be ambitious. Maybe you could finish that book you started three years ago; take a walk around the block every day; take a ride on the bus; call your friends instead of waiting for the phone to ring. Accomplishing things builds confidence and provides a sense of satisfaction.

Keep a journal – Expressing yourself can help you gain perspective, release tension and even boost the body's resistance to illness.

Laugh a lot – Life can seem so serious, but humorous things often happen. It is therapeutic to laugh. Tell someone else you know the story, the joke, the funny thing that happened—and share the laughter with as many people possible.

Volunteer – Volunteering is called the "win-win" activity because helping others makes us feel good about ourselves. At the same time, it widens our social network, provides us with new learning experiences and can bring balance to our lives.

Treat yourself well – Cook yourself a good meal. Have a bubble bath. See a movie. Call a friend or relative you haven't talked to in ages. Take a casual walk and breathe in the fragrance of flowers and grass. Whatever it is, do it just for you.

[SOURCE: Canadian Mental Health Association]

"Also of course, animals encourage laughter. We find much humor in playing with our animals, in watching them, in humor that uses animals because it's very non-judgmental. Animals can tell a funny story, like in newspaper cartoons, without hurting anybody's feelings. Animals have really no important gender or race or age that interferes with our relationship."

- Dr. Alan M. Beck

Hearing Loss is One of the Most Common and Treatable Conditions Affecting Older Adults

by Laine Waggoner, MA, MS

Most hearing problems are caused by presbycusis — age-related hearing loss. This usually involves a malfunction in the inner ear or the auditory nerve which causes a loss of sensitivity to high frequency sounds. Most loss due to noise exposure or aging is a sensorineural loss or "nerve deafness."

As we age, changes in the auditory system, which is composed of the hearing nerves and the brain, tend to cause a reduced ability to process complex auditory signals.

We understand speech with our brains. Even if you have no hearing loss, you may have difficulty understanding speech in noisy situations. This may be due to a *reduction in the number* of hearing nerve cells and a *decrease in the speed* at which the nerves transmit the sound signals to your brain.

Problems start in our 40s and 50s. Researchers have discovered that our ability to distinguish speech sounds is affected when our brains develop problems with filtering, sorting and making sense of the massive amounts of information that flow through our senses daily.

We often lose the ability to distinguish separate consonants and slight gaps in speech. This makes sentences seem to run together and sounds become muddy or distorted.

This problem is minimized if we ask speakers to talk somewhat slower and more clearly.

Memory can also be affected. Because of the tremendous effort our aging brains must expend on hearing accurately, we may have problems remembering what we have heard. This is perfectly normal. That is why it is important to take notes during all important conversations, such as with your audiologist, doctor, lawyer or banker.

Hearing well affects quality of life. Hearing well in your daily life is vitally important. Ignoring a hearing problem too long can make it *more* difficult to adjust later on.

If you suspect you have a hearing loss and want to learn if you would benefit from a hearing aid, you should get a medical exam by an ear specialist and a hearing test by an audiologist, who has either an MA, MS or a Doctor of Audiology (Au.D.).

Hearing aids can stimulate the auditory system and assist if you have lost hearing sensitivity. Using hearing aids should provide benefits that result in an improved quality of life: increased feelings of self-esteem, greater independence and more harmonious family, social and work relationships.

But, hearing aids require patience and practice. They must be included in a *total communication program* that includes learning new coping and problem solving skills, and practice in effective communication and listening, and speech (lip) reading skills.

Classes and discussion groups, like the monthly Adjusting to Hearing Loss group that meets at Mizell Senior Center in Palm Springs (October through May) can be very helpful. For more information about this group, please call 760-323-5689.

T R I P T I P S

Q. What if I am driving along a two-way street or road and another car veers into my lane and comes right at me?

A. Almost anything is better than a head-on collision. If you respond by moving to the left, it is very possible that the oncoming driver might realize what is happening and swerve back into their lane at the last minute. If they do and your vehicle is also there the result will not be good. The best thing to do in this situation is to try to move right as far as possible and blow your horn at the same time. If a collision cannot be avoided, brake as hard and fast as you can—every mile per hour of your speed that you reduce will lessen the impact of the crash. [SOURCE: National Safety Council]

Q. How does the TRIP mileage reimbursement plan work?

A. People who live in Riverside County, who are 60 years of age or greater, or who are younger but have disabilities, may be eligible to participate in the TRIP Program if they are unable to travel to meet their needs in other ways. A mileage reimbursement is paid to help offset vehicle operation expenses for volunteers who escort and drive people who are enrolled in TRIP. As a general rule, the reimbursement is paid to the TRIP participant, who then is able to divide up the reimbursement among the volunteers who helped during the month. If the participant does not give the reimbursement to their volunteer, they may lose their eligibility to continue on the program.

Volunteer Drivers Needed

Riverside County's
***TRIP* Program**
needs more volunteers now in the following areas:

- Temecula
- Idyllwild
- Cathedral City
- Hemet
- Perris
- Rubidoux
- Indio
- Sun City

Call Gail at 1-800-510-2020
or go to the Volunteer Page at www.LivingPartnership.org
to request an application

VOLUNTEERS ALSO NEEDED IN OTHER AREAS……

Q. How can I make sure that the TRIP mileage reimbursement check comes on time each month?

A. Complete your Request for Mileage Reimbursement form each time that you travel. Have your volunteer sign to verify that they have provided the service and make sure that it is complete and accurate. Then make sure you get it in the mail to us within the first couple of days of the new month, no later than the 5th. Make it a priority and send it right away as soon as the month ends. Call us if you have any questions.

The Volunteer Protection Act of 1997—Public Law 105-19

Volunteers for a non-profit 501(c)3, like TRIP, and volunteers for government entities, like school districts, are protected from law suites under the provisions of the Volunteer Protection Act of 1997.

In the 1980s, many volunteers were being sued for non-criminal activities that had inadvertently brought harm to another. A famous case was the little league volunteer coach who was sued because he repositioned his Little League shortstop to the outfield, and in the outfield the Little League shortstop then misjudged a fly ball and sustained an eye injury.

Many felt that something had to be done because the willingness of volunteers to offer their services was being eroded by the potential for liability actions against them.

Senator Paul Coverdell introduced the bill that found immediate bipartisan co-sponsors and wide support. According to then Senator Ashcroft, ***"The history of this country is that we have not only protected our family, we have enriched our families by helping our neighbors because we have been taught one of the most important values of life, that is, that we are not alone, that we live together in community."*** Most everyone in the 105th Congress agreed.

According to Lisa A Runquist, an attorney specializing in non-profit organizational law, "The Act generally provides that, if a volunteer meets certain criteria, he or she has a complete defense to an action and has no liability."

Under the Act, a "volunteer" is anyone who:

1. performs services (including officers, directors, trustees, and direct service volunteers);
2. for a nonprofit organization or governmental entity; and
3. receives no compensation other than reasonable reimbursement for expenses incurred and does not receive anything of value in lieu of compensation of more than $500 per year. [NOTE: Mileage reimbursement at a rate that does not exceed the current IRS Standard Rate is a "reasonable reimbursement".]

The Act *does not* provide liability cover for someone who commits a criminal act while volunteering, nor does it protect a volunteer for harm resulting from "gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer".

Additionally, the Act excludes coverage for automobile accidents and stipulates that protection for driving accidents is otherwise provided by State requirements that drivers be appropriately licensed and that drivers "maintain insurance".

As when TRIP's volunteer drivers have other family or friends riding with them, their automobile liability insurance policy covers injuries for which they may be responsible and also provides for a legal defense if another party in the accident files a lawsuit against them.

For this reason, the TRIP Program verifies that volunteer drivers have a license in good standing and in-force insurance. TRIP then provides additional, what is called, non-owned auto insurance through an organizational umbrella policy.

"I'm just trying to matter"
- June Carter Cash

Superando nuestros retos.....

Qué hacer tocante los desafíos al conducir con la edad

¡Soooo!

¿Qué pasó? ¡Ni siquiera vi ese carro! ¿Ha oído o pensado esto usted mismo? Le sucede a la mayoría de nosotros tarde o temprano y, entonces, es tiempo de pararse a pensar sobre cómo podemos hacer más seguras nuestras experiencias manejando.

He aquí algunas señales de alerta de que ya es tiempo de hacer ajustes en el manejo para enfrentar nuestros cambiantes desafíos:

- ¿Le parecen más difíciles las vueltas a la izquierda y las intersecciones muy ocupadas?
- ¿Le parece que los otros conductores actúan hostilmente o desesperados alrededor de usted?
- ¿Se le ha vuelto más difícil estacionar su vehículo?
- ¿Le parece que algunas veces los carros surgen de la nada?
- ¿Parece usted estar expreimentando más de cerca los roces?
- ¿Se siente exhausto cuando termina un viaje manejando?
- ¿Tiene más dificultad para ver anuncios o juzgar las distancias de los otros vehículos?
- ¿Le da pavor la idea de manejar durante mal clima o de noche?
- ¿Se rehusan a viajar con usted sus amigos o familiares?
- ¿Tiene dificultad para girar el volante o mover su pie de un pedal a otro?

Si a <u>cualesquiera</u> de estas preguntas usted contestó "sí", o siquiera "tal vez", es tiempo de hacer algunos cambios. ¿Significa esto que usted debe dejar de manejar por completo? No necesariamente; pero, no sería mala idea empezar a echarle una miradita seria a las alternativas de manejar.

Así que, aquí tenemos algunas cosas por hacer cuando sea el momento de afinar la máquina de conducir –no la del carro- ¡la de usted!

Visite a su médico y explíquele los problemas que está teniendo en sus experiencias. Revísese los ojos y actualice sus lentes correctivos si lo necesita.

Si su doctor dice OK, aumente el ejercicio – caminar es bueno, pero puede que sea tiempo de inscribirse en algunas clases con el fin de aumentar movilidad y fuerzas.

Lo siguiente es mejorar sus habilidades de manejo:

- Revise reglas de conducir.
- Discuta su manejo con aquéllos que viajan con usted y corrija los problemas indicados.
- Inscríbase en clases de manejo.

Tercero, hay "estrategias" de manejo que pueden ayudarle a seguir manejando y hacer su manejo más seguro:

- Si le atemorizan las intersecciones muy transitadas o las vueltas a la izquierda, planee su ruta por adelantado para evitar el peligro – por ejemplo, en vez de hacer la temida vuelta a la izquierda, conduzca derecho por la intersección, vire a la derecha en la siguiente calle, luego otra vez, luego a la derecha entrando a la calle que quizo girar a la izquiera y siga su camino.
- Haga arreglos para llevar consigo a un(a) "compañera(o) de viajes"

.....Superando nuestros retos

Señales que alertan pérdida de la vista

Todos deberíamos tener exámenes regulares con un oftalmólogo u optometrista – al menos una vez al año.

Además, es una buena idea estar alerta a los cambios sintomáticos en la vista:

- Una **pérdida gradual y "con manchas" de la vista al detalle**, y una sensación de que necesitamos más luz, pueden indicar el inicio de degeneración macular seca. Esta es la forma más común de enfermedad y progresa lentamente. Por lo común, parecen "faltar" partes de las letras o las líneas rectas parecen onduladas o torcidas.
- Una **pérdida repentina de la visión central** es lo que pasa cuando ocurre la degeneración macular húmeda. La aparición de una mancha oscura en el centro de la visión es típico. **Esta condición requiere atención inmediata**.
- Una **pérdida sutil del contraste y dificultad para manejar de noche** puede indicar la presencia de glaucoma. Ya que el glaucoma llega muy lentamente, son críticos los exámenes regulares para identificar la enfermedad en sus etapas tempranas. Puede que resulte en pérdida irreversible de la visión periférica al progresar la enfermedad. El glaucoma es hereditario, por lo que una historia familiar con la enfermedad significa que necesitan tomarse precauciones especiales.
- **Visión nebulosa, problema para distinguir colores y sensibilidad aumentada al resplandor** son señales que alertan el desarrollo de cataratas. Los factores que aumentan el riesgo al desarrollo de cataratas incluyen exposición larga a la luz solar, alto colesterol y diabetes. Haga una cita con su oculista, pero el desarrollo de las cataratas puede disminuirse usando lentes para sol y comiendo muchos vegetales de hojas verdes. Puede que se requiera cirugía.
- **Visión borrosa y distorsión de la vista cuando lee** son señales de retinopatía diabética, que viene siendo una complicación seria de diabetes a largo plazo. Mantener los niveles de glucosa sanguínea dentro de límites apropiados y hacer ejercicio regularmente son salvaguardas preventivas importantes. Las complicaciones serias de retinopatía en etapa tardía pueden incluir hemorragias y separación de la retina.

[FUENTE: www.lighthouse.org]

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para que sea un segundo par de ojos y oídos y le ayude a navegar.

- Si conducir de noche, o en mal clima, es un problema, planee sus actividades de forma diferente para evitar ese manejo.
- Y, cuando conduzca, concéntrese completamente en hacer precisamente eso – apague el radio, no platique con la gente del asiento trasero y no hable en su teléfono celular.

[FUENTES: AARP (Asociación para el Avance de Retiradas Personas; Older Californian Traffic Safety Task Force (Equipo con la tarea de seguridad de tránsito para californianos mayores)]

Translation provided by Leopoldo Treviño

HALF OF ALL PEOPLE LIVING IN RESIDENTIAL AGED CARE FACILITIES FALL EACH YEAR

Here are some things that aged care staff should do to reduce risk of falls:

»Keep resident's surroundings safe »Assess resident's risk of falling and develop and implement a care plan suited to resident's needs » Identify what contributed to any fall and take necessary steps to reduce the risk of another fall »Look out for situations in which a fall might occur and eliminate observed risks »Consider hip protectors for people living in residential aged care facilities with a high risk of hip fracture »Involve resident's physician in assessing and eliminating medical factors contributing to fall risk »Make sure that resident's footwear is sensible and safe….

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