

Meeting the Challenges

Quarterly

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What Are Your Transportation Options?

By Cis LeRoy, Transportation Planning Consultant

Suddenly, for the first time since you were 16 and could borrow your parents' car, you cannot drive yourself to the doctor. Perhaps you've just broken your leg, or your husband, who normally drives you, is unable to drive. How do you find out about transportation options?

The best place to start is your local bus company. You've seen the buses everywhere, but never thought you'd actually be riding in one. Is there a bus stop close to your house and to where you want to go? Call the information center number you can find on bus stops, in the phone book or on the internet and ask about both fixed route and dial-a-ride services.

Fixed route services travel on specific, usually busy, streets and stop every few blocks. These stops are often at busy activity centers such as malls, hospitals and federal, state and local government

offices. This is usually the cheapest form of mass transit, with fares usually around a dollar. Dial-a-ride services are usually provided for the elderly, the disabled, and the ADA (Americans with Disabilities Act) certified. The ADA requires complementary services be available for those unable to use fixed-route transit services. It also requires wheelchair lifts on fixed route buses.

Dial-a-Ride drivers will pick you up at your house and deliver you to the door of your destination. This can cost no more than twice the cost of fixed route services. Some bus companies have "ride-along" services where someone rides with you to show you how to catch the bus and read the schedules. The bus company can tell you if it has this service, or you could check with your local senior center to see if it provides such a

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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.

Meeting the Challenges

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service.

Public rail, where available, is excellent for longer distance travel and commuting. *Metrolink* provides rail service throughout southern California. This more expensive option can provide access to Los Angeles, Oceanside and Ventura County destinations. There is usually connectivity to buses at your destination, but check with *Metrolink* before you plan your trip.

Find out if you might be ADA certifiable. While many don't want the connotation of "disabled", in many cases you cannot use the local dial-a-ride service if you are not certified as disabled. It can be a permanent disability, such as an ongoing illness, or a temporary certification, such as for dialysis treatments. It can also be provisional. For example, your physical condition may make you unable to sit in the heat for extended time periods. In that case, you might be certified only during the summer months. The local bus company can provide you with an application and explain the procedure for certification.

If you don't feel that the local bus company is helping you obtain adequate information, call your local transportation oversight agency. Enabled by California state legislation to provide oversight of public

transit agencies, these entities often provide information on a variety of public, private and non-profit transit providers. Some services provide only medical transportation, and some may provide inter-city services for longer trips. They may provide information on ridesharing programs that are available. Phone numbers for transportation oversight agencies are not always easy to find in telephone directories. To get the number of the agency with oversight in your area, contact your local city or county government office and ask them for the number.

Your local employer might even have a ridesharing program that you don't know about. In some instances, employers offer incentives to employees to rideshare to work, such as small cash subsidies and preferential parking.

If you're receiving treatments from a large medical facility, check to see if they have any patient transportation programs. Many will provide service from outlying areas on a once weekly basis. For example, the Veterans hospital in San Bernardino County has periodic van services for veterans.

Perhaps your church has a volunteer driver program. Check with your clergy

to see if there are any volunteers who could help you get where you need to go.

And, don't forget you

can call your local Office on Aging or Adult Services. It can provide referrals to a variety of agencies, including

transit agencies in your area. It can also provide information on a variety of other services that are available.

Riverside County fixed-route bus operators include:

Riverside Transit	1-800-800-7821	Western County	http://www.riversidetransit.com
SunLine Transit	760-343-3451	Coachella Valley	http://www.sunline.org
Palo Verde Valley Transit	760-922-1140	Blythe area	http://www.paloverdevalleybus.com
Pass Transit	951-769-8532	Beaumont area	
	951-322-3243	Banning area and Cabazon	
Corona Transit	951-734-9418	City of Corona	

San Bernardino County is served by seven fixed-route bus operators:

Omnitrans	1-800-966-6428	San Bernardino Valley	http://www.omnitrans.org
Barstow Area Transit	760-255-3330	Also provides special services in Trona and Big River communities	
Morongo Basin Transit	1-800-794-6282	Twenty-nine Palms, Yucca Valley and surrounding areas	
			http://www.mbtabus.com
Mountain Area Transit	909-584-1111	Crestline, Lake Arrowhead, Running Springs, and Big Bear Lake	
			http://www.marta.cc
Needles Area Transit	760-326-5700	City of Needles	
Victor Valley Transit	760-948-3030	Victorville and surrounding communities	
			http://www.vvta.org
Foothill Transit	800-743-3463	Montclair, as well as the Pomona and San Gabriel Valleys	
			http://www.foothilltransit.org

Metrolink Public Rail serves all of Southern California 1-800-371-5465

<http://www.metrolinktrains.com>

Trip planner: http://socaltransport.org/tm_pub_start.php

Riverside County Local Transportation Oversight Agency:

Riverside County Transportation Commission (RCTC) 951-787-7141

<http://www.rctc.org>

San Bernardino County Local Transportation Oversight Agency:

San Bernardino Association of Governments (SANBAG) 909-884-8276

<http://www.sanbag.ca.gov>

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.....

Prescription Discount Initiatives—Prop 78 vs. Prop 79

by Richard Smith, Editor

Come the election in November, voters will again be asked to make choices between competing initiatives that are supported by competing interest groups. Case-in-point, the prescription discount initiatives.

Proposition 78 is sponsored by the drug manufacturers, and supported by the Chamber of Commerce, as well as a number of physicians and medical organizations.

Proposition 79 is sponsored by a coalition of consumer groups, which include the Consumer Union, the League of Women Voters, the Congress of California Seniors, the Latino Coalition for A Healthier California, Breast Cancer Action, the United Nurses Association, the Aids Healthcare Foundation, and the Senior Action Network.

In a Field Poll, released in early September, BOTH propositions are leading. Prop 78 states that if it wins more votes no part of Proposition 79 may be adopted.

So far, a barrage of political commercials supporting Proposition 78 and attacking Prop 79 have been being broadcast across the state. Prop 78, with its support from drug manufacturers, is ru-

mored to have accumulated a “war chest” of 90 million dollars or more. Proposition 79, on the other hand, is rumored to have something like 10 million to spend. Until the special election in November, we can expect to see many more Prop 78 commercials. Will their sheer repetition win the day? A related question is are they truthful?

The answer is “sort of” truthful. They say that Prop 79 will create a new “expensive” bureaucracy in Sacramento. It will.... BUT Prop 78 will create the same bureaucracy! The expense will be the same, and the real question is whether or not that expense is worthwhile.

Both propositions are intended to provide discounts on prescription medicines for low-income seniors. Prop 78, which is based on a plan formulated by Governor Schwarzenegger, will cover about half as many seniors as Prop 79. It will cost \$15 annually to participate in the Prop 78 plan and \$10 to join the Proposition 79 plan.

Prop 78 ads say that bureaucrats will be able to deny medications, but this is not true. What is true, but not said in the Prop 78 ads is

that drug manufacturers will be forced to participate under Prop 79, while participation by the pharmaceuticals would be voluntary under Prop 78.

So which plan is better? A plan similar to that proposed by Prop 78, which is voluntary for drug manufacturers, is available to Ohio residents. Prop 79 is based on a 2 year old program in Maine that requires drug manufacturers to comply.

In Ohio, pharmaceutical companies decide how much to reduce prices for the uninsured. Some are as high as 40% but some have given discounts of less than 5%. Also, the drug manufacturers have managed to force the cost of most the discounts onto the shoulders of pharmacies. Research by the National Legislative Association on Drug Prices suggests that Maine program members pay 10 percent less for drugs than those enrolled in Ohio.

[SOURCES: LAO (California's nonpartisan fiscal and policy advisor; Draft Pro and Con California Voter Handbooks; websites supporting both propositions; “Fight over drug costs picks up”, San Diego Union, 8-2-05.]

Reader donations continue to be accepted to pay for the publication of this fiscal year's *Meeting the Challenges*—July 2005, October 2005, January 2006 and April 2006. Thanks to everyone who has already sent in a donation! Your dedicated support of *Challenges* is appreciated!

Those who have not yet had the chance to help can send a tax-deductible contribution now, in any amount, to: *Meeting the Challenges*, PO Box 3097, Beaumont, CA 92223-3097. Thank you!

Green Power NOW

Not the political movement—new research points to the possible power of eating leafy green vegetables to help keep your mind sharp.

According to a recent report in the American Journal of Clinical Nutrition, researchers, at the USDA Human Research Center on Aging at Tufts University, have found that a higher dietary intake of the B vitamin *folate* improves performance on cognitive tests.

Folate is found in leafy green vegetables, including loose leaf lettuce, romaine, and spinach. Other good sources include cabbage, brussels sprouts, peas, broccoli, even sweet corn. It is also found in dry beans and lentils as well as oranges, strawberries, boysenberries and blackberries.

100 Years Ago.....

Bacterial Cause of Ulcers Suspected

As recently as 2002, recommendations to physicians to consider using anti-biotic treatment for ulcers were making news in medical journals!

Now, the 2005 Nobel Prize is being awarded to Dr. Barry Marshall, who first suspected the bacterial cause of ulcers back in 1982. The prize will be shared with Dr. J. Robin Warren "for their discovery of bacterium *Helicobacter pylori* and its role in gastritis and peptic ulcer disease".

In fact, however, the relationship between bacteria and ulcers was first discovered in 1889 when "spiral - shaped bacteria had been identified in both mucosa and gastric contents of patients", according to Drs. Irving Modlin and Mark Kidd.

Dr. James Siepmann,

wrote in the Journal of Theoretics in 1999 of his amazement at how long it took Marshall's theoretical relationship between bacteria and ulcers to be *proven*.

He wrote, "Even after presenting a convincing discovery, it took over 10 years for the rest of the world to know about it and begin to accept it." Siepmann continued that the hypothesis that ulcers were not caused by stress or excess acidity, but by a bacterial infection, "was viewed as preposterous".

Dr. Marshall was so frustrated by the lack of acceptance of his theory, that he, being perfectly healthy, "drank a beaker of H. pylori and subsequently developed stomach ulcers and a lot of pain. It still did not convince many."

Isn't that interesting?

STARTLING FACT

Two THIRDS of everyone who has ever attained the age of 65 years or greater is **ALIVE RIGHT NOW!**

"Action is the antidote to despair."

-- Joan Baez

Early Warning Signs of Gynecological Cancer

A bipartisan bill was recently introduced by Senator Arlen Specter that would help educate physicians to better identify gynecological cancers in their patients.

The introduction to the bill indicates it is needed for two reasons:

1. Women are generally unaware of the risk factors and early symptoms of gynecological cancers
2. Physicians are typically “not prepared to adequately consider the presence of gynecological cancers when patients first show symptoms.”

The symptoms of gynecological

cancers are often confused with common gastrointestinal illnesses, menopause, or perimenopause. The five-year survival rates for the most common forms of these cancers are 90% when diagnosed early, but drop to 50% or less later. Early detection is critical.

For this reason, anything that seems even slightly unusual should be brought to your physician's attention. And be prepared to suggest gynecological cancer as the cause since your physician may not even consider the possibility unless it is suggested.

Some of the most com-

mon symptoms of gynecologic cancers include:

- Enlarged abdomen
- Persistent indigestion
- Abnormal vaginal bleeding
- Abnormal vaginal discharge
- Pelvic and abdomen pain
- Lower back pain
- A change in bowel or bladder habits
- Unusual weight loss or weight gain.

SOME SPECIFIC CANCERS AND THEIR SYMPTOMS

Premalignant Vulvar Cancer.

The common symptoms are itching and burning and these symptoms can be present for years. It is usually misdiagnosed as a yeast infection and a multitude of anti-fungal agents will have been prescribed, none of which will have been effective. It is easy to see on examination and will appear as a raised red, white or pigmented patch. A simple biopsy will confirm the diagnosis.

Cancer of the Vagina. If a cancer involves the cervix, it is considered to be cervical cancer, so vaginal cancer is technically rare. The premalignant phase has no symptoms, but can be detected by



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.....on the Internet (Since 1999) at...**www.Vitalco.net**

routine pap tests. Bleeding after intercourse is common in both vaginal and cervical cancers. Symptoms of vaginal cancer may also include abnormal bleeding and foul discharge. Women who have had a hysterectomy for non-cancer problems should still have a Pap test every several years.

Cervical Cancer. Pap tests are effective screening for pre-malignant abnormalities and almost all cervical cancers are diagnosed in this way. The symptoms of an advancing cancer are the same as for vaginal cancer.

Uterine Cancer. Age is the most important risk factor for uterine cancer and there are no recommended screening procedures for premalignancy. Pap tests are unable to detect uterine cancer. The only test for uterine cancer is the D&C or possibly hysteroscopy. The symptom of uterine cancer is abnormal bleeding and any bleeding in postmenopausal women should be considered to be uterine cancer until proven otherwise.

Ovarian Cancer. This refers to are more than 20 types of cancers that occur in the ovaries. According to Dr. William Rich, Clinical Professor of Obstetrics and Gynecology at the University of California, San Fran-

cisco, "There have been many attempts to screen for ovarian cancers. None have been shown to be worthwhile."

There are no early symptoms of ovarian cancers, although sometimes a cystic mass can be discovered during a routine gynecological examination. A common symptom of an advancing cancer is the build up of fluids in the abdomen. Or sometimes a cyst might break and cause bleeding.

Other ovarian cancer symptoms can include shortness of breath or an extended period of intestinal problems. Tests like barium enemas are not effective in diagnosing intestinal involvement in ovarian cancer because the problem is on the outside of the intestines. The ovaries are also a site to which intestinal and breast cancers can spread.

Women need to be aware of the early symptoms of gynecological cancer and voice their concerns. When it comes to these forms of cancer, never assume that your physician has already thought about the possibilities.

[SOURCES: gyncancer.com and aurorahealthcare.org]

Jury Duty Scam

A warrant has been issued for your arrest! That's how this new scam starts—a caller, claiming to work for your local court, tells you that you *failed to report for jury duty and a warrant has been issued.*

You say you never received the notification and the caller decides that your lack of notification "needs to be verified", so the caller asks for information, usually including your social security number and date of birth.

When someone is told that a warrant has been issued for their arrest, it is normal to get a little flustered and drop their guard. That is what they are counting on for this latest variation of the tell 'em anything to steal personal information scam.

NEVER GIVE OUT PERSONAL INFORMATION WHEN YOU RECEIVE A PHONE CALL.

[SOURCE: scambusters.org]

"How wonderful it is that nobody need wait a single moment before starting to improve the world."

- Anne Frank

THE OLMSTEAD ACT — *Where Is the Beef?*

Several years ago the courts mandated that implementation of the Olmstead Act by the states should provide more funding for community based services to help caregivers to care for loved ones in their homes and keep them from having to go to nursing homes.

According to Dr. Gema G. Hernández, former Secretary of the Department of Elder Affairs in the State of Florida, a professor and management consultant, “If you are a caregiver you need to find out what your individual state did under the Freedom of Choice presidential funding award.”

He suggests, “...explore the amount received by your state agency under the Caregivers’ Initiative Program, most importantly, *how your state used the money to support caregivers in their daily tasks*. Some states like Florida are using the money for training, posters, travel for officials, and billboard ads when in reality the money should go for Respite, Adult Day Care and even diapers.” In California implementation is the responsibility of the Health and Human Services Agency.

To begin with, Califor-

nia spent the time from 1999 to 2003 “planning”. A report on the 2003 draft plan, by the California Senate, found that the plan “makes an effort” but “does not address”... “does not propose steps” for many of the implementation requirements of the Supreme Court and the guidelines of the Department of Health and Human Services. The report concluded that the California plan “may not be workable within a reasonable timeframe”.

In California, this is how Freedom of Choice funding has been used:

- \$348,000 for “Respite for Adults” feasibility studies
- \$800,000 to establish “one-stop” long term care information centers
- \$6.5 million for “Money Follows the Person” research and demonstration projects.

The Money Follows the Person Act allows for state and Federal Medicaid dollars to *follow* a person with a disability from an institution into the community. The Federal government will provide a reimbursement of 100% the costs associated with the first year of community services that an individual needs for moving out of

the institutional setting.

According to 8-26-2005 background materials for the meeting of the Olmstead Advisory Committee, the state currently has these “goals”:

1. “Community Support Coordinators”, in two areas, to provide a single point of contact for individuals at risk of nursing home placement and to provide connections to and assistance with eligibility and enrollment for various home and community-based services programs.
2. “Development of mechanisms” to minimize repetitive applications for multiple services.
3. “Examining the financing and service delivery structures of Medi-Cal, other long-term care programs and accessible transportation in order to make policy recommendations to the Legislature and the Administration....”
4. “Evaluating the Community Response Teams to assess what resources are effective at creating opportunities for individuals to live at home and in the community and applying this information to develop ways to better manage resources at the state level.

5. “Developing a state-wide resource directory for affordable, accessible housing, and necessary support services, including transportation.” [This must assume that these things already exist!]
6. “Creating uniform needs assessment forms.”

All of the things being *planned* by California are probably good ideas and will probably be beneficial in the long-term. However, the Supreme Court mandated that the requirements of The Olmstead Act be implemented in a reasonable amount of time, whatever that is.

We have been unable to discover any information about how many people have actually been able to stay in their homes, or who have returned to living in the community from nursing homes, because of the implementation of the Olmstead Act in California.

OPINION: What is needed is less planning and more funding devoted to more affordable housing, better transportation, and more service availability. Caregivers need to contact their State and Federal political representatives and tell them that they want meaningful Olmstead mandated benefits now.

NEW *HMO Guide for Seniors*

From the California OFFICE OF THE PATIENT ADVOCATE

This guide is intended as tool to help us use our health plans. It answers many common questions and is easy to read and easy to understand. Though it does not offer legal advice, it does discuss our rights to benefits through Medicare HMOs.

The major sections of the booklet include:

- Know Your Health Care Choices (from choosing an HMO to changing HMOs to paying for health care)
- Take Charge of Your Health Care (everything from choosing a doctor to choosing treatments)
- Know Your Benefits (from routine care through specialist care, prescription drugs, medical equipment, care for chronic conditions, emergencies, hospital and home care)
- If You Have a Problem (what to do if you can't get the care you need).

Each subject in each section contains “things you can do”, with lots of choices to enable us to pick a plan of action that best meets our needs, who to call for help and more information when we need it, their phone numbers and websites, and even the questions to ask.

This is a wonderful resource, lots of photos, organized for quick reference, easy to read, lists of things to do—68 pages of information you do not want to go without—and IT IS FREE!

In Riverside County it is available at Senior Centers and from the Office on Aging *InfoVan*. Call the Riverside County Office on Aging *HelpLink* at 1-800-510-2020 to find out when the InfoVan will be in your area or to make arrangements to get your FREE COPY of this very useful *HMO GUIDE FOR SENIORS*. It is available in English or Spanish.

Or, you can order a free copy by calling, toll-free, 1-866-466-8900 (TTY 1-866-499-0858). Alternative formats are also available.

Social Isolation: The need to turn to one another

by Cheryl Svensson, Ph.D.

Social isolation is something that can occur to any one of us at some point in our lives.

It is not a disease, is not contagious, and can be cured. Social isolation takes place when we become separated and alienated from our family... friends...and community support networks; the connections that make our life worth living.

The causes may be multiple and diverse:

- **Illness:** Both acute and chronic illnesses can sap us of the necessary strength and energy to maintain our friendships and community involvement. Chronic pain impacts every aspect of our life and relationships.
- **Loss of significant others:** The death of a spouse or close friend may have a profound effect on our life and lifestyle. For instance, if the person who died was the 'driver' in the family, there is an immediate impact on one's mobility. Grief can often cause one to turn away from others because of the pain of loss even though help lies in turn-

ing to others for compassion and understanding.

- **Relocation or move:** All of us, at one time or another, have been uprooted when we moved to a new community and had to work to develop new friendships and sink down roots. As one gets older, a move to a smaller home, or even to senior living is fraught with all the usual difficulties of reestablishing one's sense of 'home', learning new routes, meeting new people, and building new relationships. Particularly in the beginning, a sense of aloneness and loneliness may ensue.
- **Diminished physical capacities:** Some changes in health and wellness may occur in tandem with growing older and include hearing loss, vision impairment, and lowered levels of energy. Acute hearing loss often prevents older adults from attending social functions because they are unable to hear well enough to join in the conversations. An older person, suffering from vision loss such as

macular degeneration, may choose not to eat out with friends for fear of not seeing well enough to eat without spilling.

- **"Bad hair day":** We have all had a day or short period of time when we were simply out of sorts due to a bad hair cut, pimple, an illness or some other 'disfigurement' that seems to stand out and signal that we do not look our best. This may lead to staying home and keeping to one's self. When this extends into weeks... one may become more and more socially isolated.

Social isolation may be difficult to identify, even in ourselves, because it is often accompanied by depression. It is often unclear which comes first...social isolation that leads to depression or vice versa.

Here are some of the warning signs for Social Isolation in ourselves and others:

- **Illness:** Has illness become a way of life? Are you cutting back on everything to remain isolated at home? Do you stay at home even when you

could go out?

- **Loss:** After a loss, whatever type, do you find yourself closing yourself off from all social activities you once enjoyed?
- **Move:** After a move, do you find yourself complaining about how "it used to be"? How your home used to look? How close you were to friends, amenities, etc.? Do you feel that nothing will ever be as good as it was?
- **Diminished energy:** All of us suffer some lessening of energy as we age, but are you allowing yourself to use it as an *excuse* to stop engaging in activities you know are good for you? Walking, reading, playing bridge, etc.? Do you find yourself becoming a 'couch potato,' sleeping ten or more hours a night, and still feel tired?
- **Bad hair day:** Do you allow 'how you look' to run your life? Have you said "NO" to invitations you would like to have accepted because of how you look?

It is essential that all people, especially older persons, seek to maintain their personal interests in life and socialize with friends and family. What can be

done to combat social isolation?

- Get out...as much as possible...interact with others.
- Talk with a friend over a cup of coffee.
- As you are able...take a class or join a group that is involved in an interest of yours such as an exercise group, book club, bridge, etc.
- Volunteer your time where it will be most appreciated...hospitals, churches, museums (as a TRIP driver).
- Go to lunch with a friend at least once a month and renew a friendship.
- Write a letter or phone a friend.

Social-emotional connections are essential to promote a sense of well-being and enhance self-esteem. In contrast, studies have shown that social isolation leads to a higher risk for both serious illness and death.

We all need connections with others that give us a reason to live, a sense of self worth, and keep us healthy. Research has shown that among people 75 years of age and older, 40% of the men and 80% of the women live alone. It is critical that we all reach out to

one another, particularly those living alone, to renew or establish new connections to ward off the detrimental effects of social isolation.

It's really up to each of us to understand the importance of our social connections, to recognize changes we may perceive in ourselves or friends, and to act to eliminate social isolation. In the process, we will enhance our own well-being and improve our health.

Dr. Svensson is an Institute of Gerontology Fellow at California State University, Fullerton where she conducts a *Continuing Learning Experience* class called "Wisdom Exchange". She is a leader in the field of guided autobiography, reminiscence, and life review.

Medicare Part D Retiree CAUTION

If you have prescription coverage through a company insurance or pension plan, enrolling in Medicare Part D may result in loss of your entire retirement health plan and you may not be able to get it back.

If you haven't received a letter from your current plan by October 30th, telling you which coverage is better, call them and find out why.

If you have questions, call HICAP at 800-434-0222.

TRIP TIPS

Q. I haven't been able to get transportation to keep doctor's appointments. Might I be eligible for TRIP?

A. You might be eligible. Call HelpLink at the Office on Aging at 1-800-510-2020 to talk with a Services Specialist about your transportation needs.

Q. I was approved for TRIP assistance, but am having trouble asking people if they could volunteer to drive for me.

A. It is the "American Way" to *try* to be completely self-sufficient. We don't want to "impose" or "be a burden" - asking someone to help would be embarrassing - they might say "no". In fact, it is a false belief that we must be totally self-sufficient and independent. None of us have the skills and resources we need all of the time. We are dependent on others - doctors, farmers, manufacturers, our communities, our families, and our friends. Everyone needs help sometimes.... It is your turn. When people have asked you for help, have you said NO? There is someone near who



TRIP, the "Transportation Reimbursement and Information Project", started by the non-profit Partnership to Preserve Independent Living in Riverside County in 1993, helps seniors and persons with disabilities get to their doctor, the store, or other places to meet essential and quality of life needs.

"Whether you think you can or not, you are right."

- Henry Ford, founder of the Ford Motor Company

would like to say *yes* to you too!

Q. I would like to volunteer to be a driver for TRIP—how can I do that?

A. TRIP volunteers tell us that they begin because they want to help other people, but find it satisfying and continue to drive because they enjoy it, have time, and they see helping friends and neighbors as giving back to the community or making "advance payment" for the time they can no longer drive. To volunteer, simply call 1-800-510-2020 and ask to talk with TRIP staff.

Q. Am I "on call" as a volunteer or will I have set hours?

A. The amount of time you want to commit to being a volunteer driver is up to you. Arrangements are made directly with your riders, as mutually convenient.

Q. What is my liability as a volunteer?

A. This is a very common question. There is no more liability for you as a volunteer driver using your own car than there is when you drive friends to the shopping center or out for lunch. Your auto insurance covers those riding in your car and TRIP adds extra insurance too.

Dreams: Can they be a meaningful experience?

How often do you remember your dreams? Do you ever wake up in the morning and feel as if you have been through something meaningful, powerful, or frightening but just can't remember what happened? So begins "The dream capabilities assessment test" in a book by Dr. Richard Corriere and Dr. Joseph Hart called *The Dream Makers*.

According to the authors, "...the normal dream is typically passive, apprehensive, and somewhat unpleasant..." They say, "Usually the normal dreamer is not aware he is dreaming and he is not active or expressive in his dreams; often he is merely an observer."

They suggest that there is a different way to dream that causes the dream to become more meaningful. These "breakthrough dreams" are different from the typical dream because the dreamer is "...aware that he is dreaming. Second, the dream is full of feeling. Third, the dreamer fully expresses the feelings he has. And, fourth, the dream shifts from a symbolic, unreal mode to a real representation of the dreamer's life."

The goal is to be able to make dreaming a positive ex-

perience and to use dreaming as a tool to help make the hours when we are awake better too. The first step they say to empower dreams is to "pay attention" to dreams and to learn how to remember them.

Famous anthropologist Margaret Mead had a simple method for remembering her dreams. When she wanted to remember, she would go to sleep with her hand resting on her forehead. That worked for her, but *The Dream Makers* suggests some other things to try:

- Remind yourself that you are trying to remember your dreams and talk with others about their dreams
- If you wake up at the same time every day, set an alarm to wake up a half hour earlier, or about 4 hours after you normally go to sleep
- When you wake up, write down or record *what you think* or, more importantly, *what you feel*.

What they say is that dreams, whatever the details, really come from our feelings about ourselves, those around us and the things that are happening to

us in our waking life. "By remembering your dreams you will begin to alter your awareness." When dreams are working for us, there is no reason to "interpret" them—they are clear when we dream them and clear when we remember them.

When awake, we are constantly confronted with choices and we choose to do what we think is best. The authors tell us that the day should be whole, through waking and sleeping hours, and that we should also be active in our dreams and make choices that are best for us then too. This means not just letting a dream happen, but being aware of it when it happens and entering into it in active ways to change it to help to overcome fears and make it end in good ways.

If the next time a dream goes badly and we are able to change it so that things go better, the authors say that we will feel better when we wake up and that it may even possibly help us solve real-life problems and give us insights for better living.

Successful dream management may not solve all of our problems, but it does promise to help us relate to our lives in a different way.

Superando nuestros retos.....

LOS SIGNOS QUE ALERTAN DEMENCIA

Los cambios de memoria y pensamiento tienen varias causas posibles, que pueden incluir estrés, depresión, dolor, enfermedad crónica, medicamentos o alcohol y, algunas veces demencia.

Las señales tempranas de demencia son muy sutiles y vagas, y pueden ser muy diferentes para distintas personas. La primera cosa que la gente nota es un problema con la memoria, particularmente cosas que recién sucedieron.

Otros síntomas comunes incluyen: confusión, cambio de personalidad, apatía y aislamiento, y pérdida de hacer tareas diarias. Con frecuencia, estos síntomas son equivocadamente supuestos como "parte normal del proceso de envejecimiento".

Muchas organizaciones se refieren a señales de alerta que pueden indicar un problema que se desenvuelve:

1. *Pérdida de memoria.* Según la Asociación Alzheimer, una de las señales tempranas más comunes de demencia es olvidar información recién aprendida. Es normal olvidar citas, nombres o números telefónicos. La gente con demencia olvida tales cosas más se-

guido y no las recuerdan después.

2. *Dificultad para desempeñar tareas familiares.* La gente con demencia con frecuencia encuentra difícil completar tareas diarias como el uso de un aparato doméstico o la preparación de una comida. O, una persona con demencia pudiera prepararse una comida y, no sólo olvidarse de servirla, sino que también olvida que la hizo.

3. *Problemas con el idioma.* Todos tienen problemas para encontrar la palabra correcta algunas veces, pero, una persona con demencia olvida palabras sencillas o las sustituye con otras inapropiadas.

4. *Desorientación de lugar y tiempo.* Es normal olvidar el día de la semana o su destino por un momento. Pero, la gente con demencia puede perderse en su propia calle, no saber dónde se encuentra, cómo llegó ahí o cómo regresar a casa.

5. *Juicio pobre o reducido.* Indicadores de juicio pobre pueden incluir vestirse inapropiadamente, comprar productos in-

necesarios o ser altamente susceptible a solicitudes directas por correo y en dar grandes cantidades de dinero. Cuando se incapacita el juicio, manejar es más peligroso.

6. *Problemas para pensar en abstracto.* Por ejemplo, los números se vuelven insignificantes, así que tareas dar cambio o balancear cheques puede volverse imposible.

7. *Poner cosas fuera de lugar.* De vez en vez, todos ponemos fuera de su lugar temporalmente un control remoto de la tele o las llaves del auto. Sin embargo, una persona con demencia repetidamente pone cosas en lugares muy inapropiados.

8. *Cambios de humor o comportamiento.* Todos estamos tristes o de mal genio de vez en vez. Alguien con demencia puede tener cambios rápidos de humor de calmado a llanto o enojo, sin razón aparente alguna.

9. *Cambios en personalidad.* Una persona con demencia puede volverse suspicaz, confundida o temerosa, o apática o in-comunicativa. Pueden volverse

.....*Superando nuestros retos*

introspectivos y más dependientes de algún miembro de la familia o más desinhibido, hablando con extraños de maneras inapropiadas.

10. *Pérdida de iniciativa.* Es normal cansarse de la rutina y las obligaciones en veces; pero, la persona con demencia puede volverse muy pasiva, ver demasiada televisión, dormir más de lo usual, rehusarse a participar en actividades normales, o requerir repetidas sugerencias para incitarle a involucrarse.

Otras señales del avance de demencia pueden incluir:

- Falta de voluntad para intentar cosas nuevas.
- Incapacidad de adaptarse al cambio.
- Culpar a otros de ‘robarse’ cosas perdidas.
- Volverse más centrado en sí mismo y menos preocupado por los demás y sus sentimientos.
- Mayor probabilidad de decir cosas repetidamente o perder el hilo de la conversación.
- Más irritabilidad.
- Confundir u olvidar los nombres de familiares o amistades.
- Olvidar ollas o sartenes en la estufa.

- Ver u oír cosas que no están ahí.

Volverse desatendido de la higiene o de alimentarse.

Muchas condiciones tienen síntomas similares a la demencia; así que es importante no suponer que alguien tiene demencia simplemente porque estén presentes algunos de los arriba mencionados. Sin embargo, una persona que experimenta varios de los signos de alerta debe consultar con un médico. La causa pudiera tener otra base médica que requiera tratamiento. Es importante un diagnóstico correcto.

Alguna gente puede resistirse a la idea de visitar un doctor. En algunos casos, los efectos de la demencia pueden interferir con la capacidad de la persona para reconocer que tiene algo malo. Otras, pueden temer estar experimentando un problema y eligen negarlo.

Una de las mejores formas de hacer que alguien vaya al doctor para una evaluación de su estado mental es hallar otra razón física para la visita, como el examen de un síntoma al que sí esté dispuesta en reconocer, tales como dolores de cabeza o reducción de la vista. Otras ideas pueden incluir examen

de presión sanguínea o, tal vez, sugerir que es tiempo para que AMBOS tengan un examen físico. Otro enfoque es sugerir un premio después de la visita al médico, tal como comer en un restaurante favorito, una actividad divertida o viajar a un lugar favorito.

Si la persona es completamente incooperativa y se rehusa ir al doctor, puede ser posible hacer arreglos para que su médico mande una enfermera a su casa. En algunos lugares, se pueden arreglar visitas médicas al hogar por medio de servicios especiales como el programa del Desert Medical Group *Living and Aging Well* en el Valle de Coachella. También, la Asociación Alzheimer es una fuente rica de ideas y experiencia para tratar con cuestiones de demencia.

Los cambios mayores en memoria y patrones de pensamiento no son normales en cualquier edad y deben tomarse seriamente. Si alguien experimenta este tipo de dificultades es mejor ver un médico antes que después.

[FUENTES: The Alzheimer's Association; Better Health Channel; Alzheimer's Australia]

Translation provided by Leopoldo Treviño



What I Have Done

A drawing in graphite on paper
by Cheryl Svensson

"I find an integrity in hands that gets lost in faces. We project too much on faces while hands tell the real story of life. These hands show a strength of having lived a long life and are still coping with the changes and challenges that come with aging."

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