

Meeting the Challenges

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Heart Attacks in Women

Nearly as many women as men die from heart attacks each year. Women are, on average, about 10 years older than men when they suffer a heart attack. **Only about 1/3rd of the women who suffer a heart attack make a full recovery!**

Once a woman has heart disease, the clock can not be rolled back—once you have it you have it for the rest of your life. The main risk factors, that we can all do something about, are: cigarette smoking, high blood pressure, high cholesterol, overweight, lack of physical activity, and diabetes. As a woman's age increases, her chance of having a heart attack also increases. Ten times as many women die of a heart attack each year as die from breast cancer.

The symptoms of a heart attack in women are both similar and different from the symptoms that men exhibit. The most common symptom for both men and

women is an uncomfortable or painful feeling in the chest.

Women, however, are more likely to experience other symptoms, as well as or instead of chest pain, including shortness of breath, nausea or vomiting and pain in other parts of the upper body—back, neck, jaw or stomach.

Because the symptoms of a heart attack in women may be more varied or less specific than the symptoms that men experience, women often delay seeking medical attention until it is too late. If you are feeling the symptoms of a heart attack, the National Institutes of Health advise: **“Do not wait for more than a few minutes—5 minutes at most—to call 9-1-1”**. Do not try to drive yourself to the hospital.

Unlike with men, however, research published in the Journal of the American Heart Association suggests that women

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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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may have much more advance warning of the onset of a heart attack. In the 2003 study, researchers found that 95% of the women in the study remembered symptoms that may have predicted their heart attack, a month or more before that actual heart attack, had they been aware of the warning signs.

The most frequent early warning signs were:

- Unusual fatigue (reported by over 70%)
- Sleep disturbance (reported by nearly 48%)
- Shortness of breath (reported by 42%)
- Indigestion (39%)
- Anxiety (36%).

Less than 30% reported any chest discomfort, which is the most common complaint of men.

The evidence is not conclusive that these reported symptoms are predictive that a heart attack *will* occur, however it does seem prudent that women experiencing any of early warning signs should seek medical consultation. These warning signs could also be symptoms of other conditions requiring diagnosis and treatment.

When the actual heart attack occurred, women reported:

- Shortness of breath (58%)
- Weakness (55%)
- *Unusual* fatigue (43%)
- Cold Sweat (39%)
- Dizziness (39%).

57% of them said that they felt a “pressure, aching, or tightness” in their chest, but did not refer to the experience as “pain” in their chest. Any combination of these symptoms are cause for immediate action.

[SOURCES: National Institutes of Health; Journal of the American Heart Association; Journal Watch; WebMD.]

6 Key Steps To Reduce Heart Attack Risk

- **Stop smoking**
- **Lower high blood pressure**—Normal blood pressure is less than 130 systolic and less than 85 diastolic.
- **Reduce high blood cholesterol**—Cholesterol guidelines depend on your risk category—check with your physician.
- **Aim for a healthy weight**—18.5-24.9% body fat is normal.
- **Be physically active each day**
- **Manage diabetes**

Vitamin Supplements: Are they necessary?

Vitamins were not “discovered” until the early 1900s. Their importance in maintaining and promoting health, however, was much earlier understood. Basically through trial and error, it was known that certain fruits and vegetables and other foods were a critical requirement of maintaining health.

The word “vitamine” was first used in a research paper presented in 1912, in which the biochemist Casimir Funk identified four vitamins (B₁ or thiamine, B₂, C, and D) as substances necessary for good health and the prevention of disease.

Since then other critical vitamins have been added to the list of those needed by the body and their relationship to the prevention of specific diseases have

been described.

Simply put, vitamins are necessary for our cells to function properly. They cannot be produced by the body and must be ingested. Some need to be replenished daily and others are difficult for the body to eliminate and therefore can accumulate at toxic levels.

Doctors Kathleen M. Fairfield and Robert H. Fletcher, in an article published in the Journal of the American Medical Association in 2002, say that vitamin deficiency is “encountered infrequently in developed countries”, while noting that “inadequate intake of several vitamins is associated with chronic disease”.

Dr. Irwin Rosenberg, director of the Nutrition and Neurocognition Laboratory at the Jean Mayer USDA Human Nutrition Research Center on Aging, at a National Institutes of Health Conference in January, said that “More than half the U.S. population takes multivitamins, but there isn't a lot of evidence that they work.” He said, “More than half of the people who take multivitamins say they do so to prevent disease, and more than

one-third say they take them because they feel better, but studies reveal that *people who take multivitamins tend to be better educated, weigh less, do more physical activity and eat better diets.*” Dr. Rosenberg concluded that “Since multivitamin users are generally healthier, it might not be feasible to attribute health outcomes to vitamin use until we have more information. *The best source of vitamins is food.*”

USDA Center for Nutrition Policy and Promotion 2005 “Dietary Guidelines” admonish that “nutrient needs should be met primarily through consuming foods.” While allowing that “dietary supplements may be useful sources of one or more nutrients that otherwise might be consumed in less than recommended amounts”, they conclude that “dietary supplements cannot replace a healthful diet.”

On the other hand, the American Medical Association has reversed its long held position, that vitamin supplements were unnecessary, and now recommends that all adults take a daily multivitamin. Supplements of specific vitamins continue to be indicated as therapy for some with certain risks or diseases.

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“If you don't like the way the world is, you change it. You have an obligation to change it. You just do it one step at a time.”

- Marian Wright Edelman

[Thanks to Kim Wilder,
Community Access Center,
Independent Living Center,
Riverside]

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If you decide to take a daily vitamin supplement, a basic multivitamin, selected for your age and sex, will provide up to 100% of the recommended Daily Value of nutrients except for calcium and magnesium, which are too bulky to include 100% in a multivitamin.

Some researchers are also strongly warning people who already take a multivitamin, or who are considering taking one, to talk with their physicians. It seems that some vitamins can interfere with the effectiveness of certain medications, and excessive doses of others may have very serious side effects.

[SOURCES: USDA, The Center for Nutrition Policy and Promotion; Journal of the American Medical Association; scienceclarified.com; WebMD; American Journal of Clinical Nutrition]

Growing Vegetables in Containers

by Thomas Kowalsick, Horticulture Extension, Cornell University
[originally published by Meeting the Challenges in Spring 2000 issue]

Would you like to have a garden, but can't because you live where there is no space for one? Then start a mini-farm! If you have a window-sill, patio, or a doorstep, you can grow vegetables in containers and harvest year round!

Anything that can grow in a garden can also be grown in a container. Just provide plants with a few basic needs – a suitable container, a growing media, water, nutrients and light and watch them sprout and grow!

The few simple steps outlined here will show you how.

Containers

- Must be big enough to support your plants when fully grown

- Must hold soil
- Must have adequate drainage.

Anything and everything that fulfills these basic requirements can be used for plants. Use your imagination! For example, among the containers that can be used are clay pots, plastic pots, garbage cans, buckets, Styrofoam coolers, wooden crates lined with plastic, barrels, milk cartons, dish pans, tin cans and cement blocks. You need not spend a lot of money on containers. If you want something fancier, try building your own planting box out of wood (redwood and cedar are the most rot resistant).

Drainage

- Extremely important to the success of your mini-farm
- Be sure there are adequate holes in the bottom of your



What does it take to be a Volunteer Driver for TRIP in Riverside County ?MAINLY a willingness to share your ride with someone in your neighborhood or community who has no way to get to the store or travel for other purposes.



How Much Time ? There are no set hours, no clocks to punch. TRIP volunteers are *not on-call*—travel is arranged between you and your riders, as mutually convenient.



What's The Catch ? None. Help when you have time. Each month you will get a mileage reimbursement from your rider to help cover your vehicle expense, and we provide extra insurance too!



**If you would like to help,
call 1-800-510-2020
and ask for TRIP.....**

container so that excess water can drain off easily.

Soil

- A light weight potting mix must be used (soil dug up from the ground cannot be used because it is too heavy)
- A standard soil mix that will give excellent results is the “peat-lite” mix. (NOTE: Peat-lite mix consists of 50% sphagnum peat and 50% vermiculite OR 50% perlite by volume.)

Planting

- Thoroughly water soil in container
- Sow seeds at depth indicated on seed packet
- Put containers in warm place out of direct sun
- Once seedlings have sprouted, move into a sunny spot.

Watering

- Water thoroughly so that excess runs out bottom of container
- Check pots at least once a day—feel soil to see it is damp and check plants for wilting
- Excess watering can also be fatal.

Light

- Vegetables that do best in a sunny location, and that need at least 6 hours of sunlight daily include: tomatoes, peppers, green beans, eggplant, squashes and cucumbers
- Root crops and leaf vegetables, like lettuce and spinach, require less light.

Thinning

- Thinning is difficult for some of us to do
- But it is vitally important to give plants enough room to grow.

Healthy Choices at the Restaurant

Here are a few simple ways to cut down on saturated fats when dining out:

- Skip the bread and rolls — or at least skip the butter.
- Ask for reduced-fat salad dressing, “on the side”.
- Trim visible fat off meat and poultry. Eat only a portion that's about the size of a deck of cards since even very lean meat and poultry still contain fat.
- Ask that your dish be prepared with olive oil, rather than butter or fat.
- Select foods prepared with healthier-cooking techniques, such as steamed, grilled, broiled, baked, roasted, poached or stir-fried.

Control sodium content:

- Choose fruits and vegetables instead of salty appetizers or snack foods.
- Limit condiments, such as mustard, ketchup, pickles and broths and sauces with salt-filled ingredients.
- Ask server about how things are prepared.
- Avoid using the table shaker.

[SOURCE: MayoClinic.com]

WHAT CAN BE GROWN IN CONTAINERS

Small containers include milk cartons or gallon water bottles, or an 8 inch flower pot: 2 to 3 lettuce or spinach plants, or a pepper plant, or up to 2 dozen radishes or green onions can be grown in each small container!

Medium containers might be things like buckets or dish pans or 10-12 inch flower pots: A dwarf tomato, carrots, beets and eggplants can be grown in containers with at least a 3 gallon capacity.

Large containers might be plastic tubs or bushel baskets with a 10 gallon or more soil capacity: Cabbages, Brussels sprouts, cucumbers, squash, full size tomatoes and even corn can be grown in large containers.

CHOOSING RELOCATION TO MAINTAIN INDEPENDENCE

by Roberta Wertenberg, Manager/Coordinator, San Bernardino Long-Term Care Ombudsman Program

When asked, most baby boomers would choose to age in place. Purchasing a home is viewed as a lifetime investment and the expectation is that we will spend the rest of our lives living there. We build, modify and enhance our homes to accommodate the various stages of our life, sometimes failing to see that choosing to sell the home of a lifetime can be a step toward continuing independence.

Some individuals are forced into relocation by a healthcare crisis, but there are a variety of other triggers that may signal when the burdens of maintaining a home have become too great. For some, it is the inability to continue driving, for others, it the death of a spouse. Some forward-thinking individuals choose to downsize out of a desire to simplify their lives and those of their children.

Decisions made in crisis are usually made by others and out of expediency. The primary concern is then continuation of medical care. When someone chooses to relocate or downsize, other factors can be

considered. Quality of life issues that should be taken into consideration include availability of transportation, location to church and service organizations, shopping, and cultural arts.

A variety of housing options are available to those who wish to opt for downsizing to congregate living. These options include:

- **Senior Apartments:** Senior apartments are for independent living. Age and income qualifications may apply and government assistance may be available. These are rented and deposits are required. Similar to congregate and co-op housing, although more amenities are available such as pools and gym. Activities are planned and transportation is available for a fee. Some facilities offer health checks by visiting nurses.
- **Co-Op Housing:** Another option for independent living. Age and income qualifications apply and government assistance may be available. Transportation and activities are available for a fee. Some Co-Ops are located near senior centers

where additional activities and health screening services are available.

- **Retirement Community:** Age restrictions of 55 and over are typical. Geared toward the active senior with expendable income. Rent or purchase buy-in required. Some communities offer all-inclusive care packages that include assisted living, dementia care, and nursing home level facilities. Congregate transportation is available. Some communities are affiliated with religious or service organizations.
- **Assisted Living:** Mostly private pay, although government assistance is available in some states. Single and share rooms available. No nursing services are required on site. Some facilities offer dementia-specific care. Facilities may provide a home-like environment, while others offer an active hotel atmosphere with most of the expected services. Residents benefit from transportation to doctor's appointments, laundry, meals, medication reminders and activities. Individuals requiring wound

(Continued from page 6)

care, colostomy care, or incontinence care may be excluded from this type of residency.

- **Skilled Nursing Facility:** Offers 24-hour skilled nursing care for dependent and rehabilitating adults. Private pay, Medicare, and Medi-Cal accepted at most facilities. Physical therapy, occupational therapy and speech therapy are offered on site.

Useful *TIPs* from Riverside County C.A.R.E.

☺ **BEFORE you invest your hard earned money, check with the California Department of Corporation's SAIF Program....**

CALL 866-275-2677

☺ **BEFORE your buy insurance or an annuity, check with the California Department of Insurance...**
Call 800-927-4357

*If you are already
a victim of fraud, call
C.A.R.E. at 800-476-7506*

***"Banging your head
against the wall
uses 150 calories
an hour."***

- Internet Rumor

New Products to Support Independent Living

Mail Chime – When the weather's poor, going out to check the mailbox can be undesirable or hazardous. Mail Chime lets you know the minute the mail's been delivered. A sensor mounted on the mailbox door sends a wireless signal to the unit, which announces delivery with a red LED light and four beeps. A reset button programs the unit for the next day's delivery. Range up to 300 feet. The basic unit sells for \$49.99. For information, visit www.smarthome.com/74661.html, or call (800) 762-7846.

Door Murals – These "visual deterrents" disguise doors that are not safe for those with Alzheimer's to use. Any doors can be disguised as book shelves or pantry shelves by applying the special mural, which comes in a standard 3' x 8' role that can be trimmed to size. Kit includes a roll of double-faced tape. Prices average \$38.95 for the kit. For information, visit <http://thealzheimersstore.com> or call (800) 752-3238.

Cadex 12 Alarm Watch – This watch provides up to 12 daily reminders for medication, bladder emptying and other tasks. The alarm includes both a sound and programmed message display feature, as well as a "snooze" feature that allows you to turn off the initial beeping and be reminded every three minutes. An emergency *Alert Databank* can be used to store critical health information similar to an ID bracelet. Price: \$89.95. For information, visit www.cadexproducts.com or call (800) 549- 0095.

On the Horizon: One day soon your shoes may have a built-in feature that will help you keep your balance and avoid falling. The shoes have special insoles that send small vibrations to the bottom of your feet to literally tickle the neurons, making them more sensitive to signals they're supposed to detect and help you maintain your balance. The technology was created by a university biomedical engineer and has been licensed to a technology company, which says the shoes should be on the market late this year. No word yet on their cost.

Is this information on new and coming products interesting to you? Please let us know—Complete the survey on Page 8.

Free, Unbiased ...Health Insurance Counseling — Call HICAP @ 1-800-434-0222

HELP US BY TAKING THIS BRIEF SURVEY

We'd like to know if you are interested in reading about products like those discussed on Page 7. Please take a minute to complete the following brief survey.

1. Would you like to see more articles similar to those included in the New Products article on Page 7?

Yes ___ No ___

2. Do you currently look for information about products that can help with your daily life and/or your caregiving tasks?

Yes ___ No ___

3. If you answered yes to #2, where do you look for or get your information?

4. If you would like to receive information on these and other kinds of helpful products, tell us how you would like to receive or access it: Newsletter ___ Website ___ Email ___ Other (specify):

5. How often would you like to receive or have access to this information: Daily ___ Weekly ___ Monthly ___ Quarterly ___ Other _____

6. Tell us about yourself:

I am a Man ___ Women ___ My age is _____

I am a caregiver ___ I am disabled _____

You can mail, telephone, or email your answers to:

Michael E. Carbine
1729 E. Palm Canyon Dr., Suite A
Palm Springs, CA 92264
Local: (760) 219-1684
Toll Free: (877) 219-1684
mcarbine@verizon.net

Thank you for your help!

TRIP ESCORT DRIVER * MAIL ADDRESS ONLY * NOT FOR SALE

EXERCISING FOR BRAIN HEALTH

Exercise may reduce the risk of developing dementia in later life, according to a study completed by National Institute on Aging.

Older adults who had exercised at least three times a week during the six year study were found to have a 32% "reduction in risk" of developing dementia.

The study reached no conclusions about whether certain types of exercise helped more than others, but researchers said that even light activity, such as walking, seemed to help.

According to Dr. Wayne McCormick, one of the study's authors, "It seems like we are delaying onset." "The surprising finding for us was that it actually didn't take much to have this effect."

"Your dignity is inside of you... Nobody takes anything away from you that you don't give them."
- Don Haskins, Coach, Texas Western Miners, 1966 NCAA Champions

Important Information About Pain Relievers

All pain relievers are “serious” drugs. Even if they are sold over-the-counter, without a prescription, care in their use can help avoid serious circumstances.

Ibuprofen and naproxen are nonsteroidal anti-inflammatory drugs (NSAIDs). NSAIDs work to relieve pain by reducing inflammation. When introduced, NSAIDs were thought to be an improved treatment of pain, but NSAIDs irritate the stomach and can cause serious gastrointestinal bleeding, which can be fatal.

“COX-2 inhibitors” were supposed to be the better NSAIDs that were not hard on the user’s stomach. However, there are now new concerns with these medications.

Remember Vioxx that was taken off the market in 2004 because of suspected kidney and heart risks? Vioxx, along with Bextra, which was also removed from the market, are from the “new COX-2 inhibitor generation of medications”. Celebrex and Mobic are COX-2 inhibitors that remain on the market and are thought to possibly be safer to use than Vioxx, because

“they work more like the traditional NSAIDs”.

Research from a 2006 Finnish study concluded that the use of all NSAIDs increased the user’s risk of having a heart attack, and an earlier Danish study came to a similar conclusion. Research at Harvard found that “heavy users” (at least 22 days per month) of the traditional NSAIDs are twice as likely to have a heart attack or stroke as those who took fewer of the pills. Other studies have concluded that naproxen may not increase heart attack risk.

NSAIDs, including the COX-2 drugs, tend to increase blood pressure. Although the effect is strongest for individuals who already have high blood pressure, it seems that people with otherwise normal blood pressure are also affected.

NSAIDs, including the COX-2 drugs, can also cause kidney failure in extreme cases. Aspirin and ibuprofen are said to be less risky.

Anyone who takes an NSAID regularly is warned NOT TO STOP TAKING THE MEDICATION until they talk with their physician about other options, including the possibility of dis-

continuing the use of the NSAID. Sudden withdrawal makes blood clots more likely to form.

The active ingredient in Tylenol is acetaminophen, which is not an NSAID. However, “Acetaminophen overdoses, half of them unintentional, are now the leading cause of acute liver failure in the United States. Four grams per day (about 12 regular-strength Tylenol tablets) is considered the safe upper limit, but that might be too much for some. Large doses are the main risk, but there are reports of people developing liver problems after taking small to moderate amounts of acetaminophen for long periods of time.” People who drink alcohol regularly or have a less than healthy liver have a lower damage threshold. Acetaminophen is also an active ingredient in cold medicines, Extra Strength Excedrin, and prescription pain relievers like Percocet and Vicodin.

While large amounts of acetaminophen cause liver damage, overall it is a relatively safe drug when its dangers are recognized and it is used in safe ways.

[SOURCE: Harvard Medical School, HEALTHbeat]

Options Between Driving and NOT Driving

by Sandra Hattori Okada, MSG, OTR/L, CDRS,
Gerontologist, Occupational Therapist, Certified Driver Rehabilitation Specialist,
Rancho Los Amigos National Rehabilitation Center

There are options that fall between driving and the drastic recommendation of not driving. Adult children may be hesitant to broach this issue with aging parents. In turn, the older adults may be threatened and even resentful if their driving skills are questioned.

Even if you have been driving for 50 years without an accident or ticket, there is evidence of age-related changes that might interfere with your current driving status. Furthermore, if a debilitating disease or condition limits your ability to drive safely, you as well as the public may be at risk of a very unfortunate motor vehicle accident.

How can you “stay on top of your game” and continue to drive safely?

- Try an in-class refresher course, offered by the

Automobile Club of Southern California (AAA), the Mature Driver Improvement Course (www.aaa.com, or call 1-877-428-2277).

- Another course is offered by the American Association of Retired Persons (AARP), (Driver Safety Program www.aarp.org/drive, or call 1-888-227-7669) to review safe driving techniques as well as recent laws changes. Check if your auto insurance provides discounted rates after completion of this course.
- AAA also offers a self-assessment computer program called Roadwise Review (www.aaa.com/publicaffairs).
- The DMV also has sample tests online at www.dmv.ca.gov.

How do you gradually “retire” from driving with-

out limiting your lifestyle?

- Drive locally. You can request a restricted license from the DMV that will limit you to driving in specific areas by your home.
- AAA offers the Adult Skills Audit, a 90 minute on-road refresher course (Call 1-877-428-2277).
- Begin exploring public transportation options (i.e., Dial-a-Ride).
- Consider carpooling with neighbors and family. Although for some it is difficult to ask for rides without feeling as if you are imposing—my advice: sit back and enjoy being “chauffeured.”

Can you still drive after an injury or illness? If you had a stroke, spinal cord injury or right leg amputation, this does not necessarily mean you cannot drive.

- A hospital-based driving program with occupational therapists and certified driver rehabilitation specialists/driving instructors can assess your physical and medical status, check reaction time, thinking abilities, vision, strength

24 / 7 Information & Resources

**Vital
Connections**
www.vitalco.net



**FREE....no pop-ups
....non-commercial
...links to services
....government resources**

**....even News, Weather and Sports! ...AND...you can read
prior Meeting the Challenges articles!**

and coordination.

- The driving program can request a Special Instruction Permit from the DMV if your license was suspended. Under special circumstances, the DMV can provide a reader or a tape recorder that can be used to help take the written DMV test. The driving program can provide an on-road evaluation to assess your driving performance.
- The driving program can also assess for and train with adaptive driving equipment to compensate for any deficits and help with transfer abilities and the transportation of the wheelchair. For example, for someone with left-sided weakness, one-handed driving includes using a right steering device and a right turn signal extension. The goal is promoting safe driving with adaptations and resolving bad habits.
- To locate a driver rehabilitation specialist, check www.driver-ed.org or call 1-800-290-2344.

Remember, if you are told that you cannot drive, there are options that may apply to you, and driving again might be one of those options.

*Subtle and Unnoticed
Physical Changes
That Impact
Driving Ability*

- ▶ The light reaching an older person's retina is about 1/3rd of that reaching the retina of a 21-year old person because of a decrease in pupil diameter and increased absorption of light inside the eye.
- ▶ Glare recovery is about 9 seconds for 65-year old persons compared with about 2 seconds for a 15-year old.
- ▶ The area that an older adult can see without moving his or her eyes is also only about 1/3rd that of a young adult.
- ▶ Short-term memory processing speed for older people is generally about 1/2 that of young adults.
- ▶ Older adults with less joint flexibility, including head rotation, exhibit poorer on-road driving ability.
- ▶ Ability to perceive spatial detail, such as a road sign at a given distance, for a 70-year old person is only about 40% that of a 20-year old.

[SOURCE: Dr. David W. Eby, University of Michigan Transportation Research Institute.]

SERVICE PROFILE

**Rancho Los Amigos
National Rehabilitation Center
Occupational Therapy (OT)
Driving Evaluation
and Training Center**

Type of Referrals:

Healthy seniors and the frail elderly. Those with stroke, arthritis, head injury, spinal cord injury, polio/post polio, multiple sclerosis, amputation, neuropathy, cerebral palsy, spina bifida, low vision. Also, those with dementia including dementia from Alzheimer's, Parkinson's or HIV/Aids diseases.

Description of Program:

Hospital-based driving program; hours 8:00-4:30, weekdays. Services may include the following:

- Comprehensive driver evaluation
- Assessment of medical/physical status
- Instruction to improve areas of weakness
- Recommendations for modification of vehicle (special mirrors, pedal extensions, etc.)
- Driving practice
- Preparations for DMV Road Test
- Assistance with DMV procedures.

Cost:

Most health insurance does not cover driving services, but you may qualify for financial assistance.

More Information:

Call (562) 401-7081 for a referral packet.

TRIP TIPS

Q. My insurance agent told me that I am not covered by my auto policy if I receive mileage reimbursement for being a volunteer driver. Is this true?

A. Your volunteer service with the TRIP Program cannot affect your insurance in any way. A few agents may be badly misinformed. The California Insurance Code requires personal auto liability policies to include coverage of volunteer drivers who are providing TRIP travel assistance for those who need it. We suggest that you refer your agent to **Cal Ins Code § 11580.1 (2007):**

Subsection (f) reads [in part]: “... no policy of automobile liability insurance... shall be issued, amended, or renewed in this state if it contains any provision that expressly or impliedly excludes from coverage under the policy the operation or use of an insured



WHAT IS “TRIP”?

is an award-winning supplemental transportation program for seniors (STP), operated by the non-profit **Partnership to Preserve Independent Living**, since 1993, throughout the 7200 square miles of Riverside County. *TRIP*, short for the *Transportation Reimbursement and Information Project*, was designed in collaboration with social service agencies, transportation interests, and the non-profit Partnership.

By design, *TRIP* first provides an essential coordination service through the 1-800 *HelpLink* department of the Riverside County Office on Aging. Trained *information* specialists discuss transportation and other needs with callers and make referrals to providers who can assist them. If callers are referred to *TRIP*, needed transportation is provided by encouraging ridesharing through mileage reimbursements to volunteer friends and neighbors for transporting individuals who cannot otherwise meet their travel needs.

motor vehicle by the named insured in the performance of volunteer services for a non-profit charitable organization or governmental agency by providing social service transportation. This subdivision shall not apply in any case in which the named insured receives any remuneration of any kind other than reimbursement for actual mileage

driven in the performance of those services...

‘social service transportation’ means transportation services provided by private nonprofit organizations or individuals to either individuals who are senior citizens or individuals or groups of individuals who have special transportation needs because of physical or mental conditions and supported in whole or in part by funding from private or public agencies.”

Please contact TRIP if you would like us to discuss this matter with your agent.

How to Select Pet Food

The latest pet food recall has made many of us more concerned with and aware of the processing and ingredients of pet foods.

According to the *Association of American Feed Control Officials*, “meat-by-products” are “parts of slaughtered animals, not including (muscle) meat” These include lungs, spleen, kidneys, brain, liver, blood, bone, partially defatted low-temperature fatty tissue, and stomach and intestines. These things are considered to be “fit for human consumption” and are included in varieties of potted meats, and may be used to make hot dogs, sausages, and so forth.

However, according to the *Society for the Prevention of Cruelty to Animals*, “the by-products of slaughter that are *unfit for human consumption* are used to make pet food.” They warn, “Avoid by-products of any sort”, and go on to say that “Poultry by-products used in pet food may include tumors, pus, or whatever

caused it to be considered unfit for human consumption”, and that “U.S.D.A. regulations require that this meat be tainted with a poison before it leaves the human food production line. The poisoned meat is then used to make pet food.”

With regard to meat by-products the S.P.C.A. says “This is probably the worst ingredient that can be used in pet food.” In 1990, the FDA confirmed that the rendered bodies of euthanized pets were sometimes used in making pet food and could contain diseased animal remains.

For these reasons, many pet owners, who are now thinking more about what they feed their pets, are switching to “organic” foods.

When purchasing a pet food, the S.P.C.A. says that one or more of “chicken, turkey, lamb, beef, fish” should be the first things on the list of ingredients. They say to avoid “BHA and BHT”, which are added to the food to retard spoilage and “have been suspect in causing cancer”. In addition, they warn us to check labels for “Ethoxyquin, a poison that is added to meat that is not fit for human consumption.”

Easy Homemade Dog Treats

1. **Preheat oven to 325.**
2. In a large bowl, combine **1 cup of water, beef or chicken broth, with 1/3rd cup of margarine.**
3. Add **1/2 cup of powdered milk.**
4. Add **1 tablespoon of garlic powder** (not garlic salt).
5. Add **1 tablespoon of dried parsley flakes.**
6. (optional) Add 1 tablespoon of brewer's yeast.
7. In a separate bowl, **beat one egg and then add it to the large bowl.**
8. **Add and mix in whole wheat flour, 1/2 cup at a time, until a total of 3 cups of flour have been added.**
9. **Knead dough for 3 or 4 minutes, until it sticks together.**
10. **Roll out on floured surface to 3/8 inch thickness.**
11. **Cut into 3/4 to 1 inch squares and place 1/4 inch apart on a greased cookie sheet.**
12. **Bake for 50 minutes.**
13. Remove from oven and let biscuits cool until they are dry and hard.
14. Enjoy feeding your dogs healthy treats with no preservatives.

Kitchen tested and doggy approved for deliciousness.

Makes 5 to 6 dozen treats.

[SOURCE: Bullwrinkle.com]

"The dog who meets with a good master is the happier of the two."

- Maurice Maeterlinck,
awarded the 1911 Nobel Prize
in Literature

*Superando nuestros retos.....**Ataques al Corazón en Mujeres*

Cada año, casi el mismo número de mujeres y hombres mueren a causa de un ataque al corazón. Mujeres son, en promedio, 10 años mayores que hombres cuando sufren de un ataque al corazón.

Solamente 1/3 de las mujeres que sufren un ataque al corazón se recuperan completamente!

Una vez que una mujer tiene una enfermedad del corazón, el tiempo no puede retroceder—una vez que la tenga, la tiene por el resto de su vida. Los riesgos principales, que todos podemos hacer algo para cambiarlos, son: fumar cigarrillos, presión alta, alto colesterol, obesidad, carencia de ejercicio, y diabetes. Cuando la edad de la mujer aumenta, las probabilidades de tener un ataque al corazón también aumentan. Cada año mujeres mueren de un ataque al corazón, diez veces igual que mujeres que mueren de cáncer del seno.

Los síntomas de un ataque al corazón en mujeres son iguales y al mismo tiempo diferentes de

los síntomas que hombres tienen. El síntoma más común para hombres y mujeres es un incomodo dolor en el pecho.

Sin embargo, mujeres son más probables de tener otros síntomas, como envejecimiento y dolor de pecho, incluyendo problemas para respirar, náusea o vómito y dolor en otras partes del cuerpo—espalda, cuello, quijada o estómago. Porque los síntomas de un ataque al corazón en mujeres son más variables y específicos que los de los hombres, mujeres tienden a retrasar atención médica hasta que es demasiado tarde. Si usted está sintiendo los síntomas de un ataque al corazón, Los Institutos Nacionales de Salud recomiendan: **“No se espere más de un par de minutos—5 minutos al máximo—para marcar el 9-1-1”**. No trate de manejar solo al hospital.

Diferente a los hombres, sin embargo, investigaciones publicadas en el Journal of the American Heart Association proponen que mujeres pueden tener mucha más ventaja en tener una advertencia de un ataque al corazón. Un estudio en el

2003, investigadores encontraron que 95% de mujeres en la investigación se acordaron de síntomas que podrían haber predicho su ataque al corazón, un mes o más antes de que lo tuvieran, y ya estaban enteradas de los síntomas.

Los síntomas más frecuentes fueron:

- Rara Fatiga (reportado por más del 70%)
- Perturbación del Sueño (reportado por casi el 48%)
- Problemas para respirar (reportado por 42%)
- Indigestión (39%)
- Ansiedad (36%).

Menos del 30% reportaron tener incomodidad en el pecho, la cual es la mayor queja en los hombres.

La evidencia no es conclusiva que estos síntomas pueden predecir que usted va a tener un ataque al corazón, sin embargo parece imprudente que mujeres que sintieron los síntomas no buscaron asistencia médica. Estos síntomas también pueden ser síntomas de otras condiciones que necesitan un diagnóstico y tratamiento.

.....*Superando nuestros retos*

Cuando el ataque ocurrio, mujeres reportaron:

- Problemas para respirar (58%)
- Debilidad (55%)
- *Rara Fatiga* (43%)
- Sudor Frio (39%)
- Mareos (39%).

57% de mujeres dijeron que sentian como “presion, dolor, o ajustamiento” en el pecho, pero no sintieron “dolor” en el pecho. Cualquier combinacion de estos sintomas son causas para tomar accion inmediatamente.

[FUENTES: National Institutes of Health; Journal of the American Heart Association; Journal Watch; WebMD.]



QUE ES “TRIP”?

es un programa, ganador de un premio, que suplementa transporte para ancianos (STP), es operado por la sociedad no lucrativa **Partnership to Preserve Independent Living** desde 1993, en todo el Condado de Riverside (7200 millas cuadradas). *TRIP*, es una abreviacion de **Transportation Reimbursement and Information Project**, fue diseñado con la colaboracion de agencias de sevicios sociales, interesados en transporte, y la sociedad no lucrativa.

Por su diseño, *TRIP* primero provee servicio esencial coordinado por el departamento de HelpLink (1-800) en la Oficina de Envejecimiento de el Condado de Riverside. Especialistas hablan de las necesidades de transporte y otras ncesidades con los clientes y los refieren con proveedores que pueden asistirlos. Si clientes son referidos a TRIP, tranportacion necesaria es proveida animando a clientes que compartan viajes con amigos, vecinos, o choferes voluntarios y reembolsandolos por las millas recorridas.

En el condado de Riverside, llame al 1-800-510-2020 para informacion de alternativas de transporte en su area, -La llamada es Gratis!

6 Pasos Importantes para Reducir un Ataque al Corazon

- **Dejar de fumar**
- **Bajar la presion alta**— Presion normal 130(presion sistolica) sobre 85(presion diastolica).
- **Reducir el colestero alto**—el Colesterol depende en su categoria, pregunte a su doctor.
- **Tener un peso saludable**—18.5-24.9% de grasa en el cuerpo es normal.
- **Tener actividad fisica**
- **Controlar el Diabetes**

"Su dignidad esta Dentro de usted... Nadie le quita nada que usted no haiga dado."

- Don Haskins, Coach, Texas Western Miners, 1966 NCAA Champions

ADMINISTRACION DE SERVICIOS

Asistencia en asesoria de las necesidades individuales y coordinacion de servicios de cuidado, asi permitiendo a personas fragiles de salud o adultos desabilitados a permanecer en sus hogares. Estos servicios pueden ser gratuitos o bajos en costo, dependiendo de su edad, ingresos y condicion fisica. **1-800-510-2020**

Translations provided by Ivet Saavedra

Recursos Para Personas Mayores.....AYUDA CONEXION...1-800-510-2020

BE CAREFUL WHAT YOU ASK FOR.....

According to continuing surveys of physicians by the US Food and Drug Administration, TV ads for medications influence patients to request drugs that may not be appropriate for their conditions. In one survey, 60% of the doctors said they did not think the patients who requested the drugs understood the risks or side effects of the medications they wanted. Dr. Janet Woodcock, FDA chief medical officer, warns that patients can end up being prescribed the medications they request, though only half of the physicians who recalled being asked about a particular medication said they ended up prescribing it.

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