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**PUBLISHED WITH READER DONATIONS.... THANK YOU !**

## STROKE AND YOU

Eileen Packer, R.D., CAE, Executive Director, Stroke Recovery Center

**Y**ou are relaxing, watching TV and all of a sudden you feel numbness on the side of your face, and it is on one side of your body. You call out but you can't form the words; your eyesight is blurry, and your head hurts terribly. These all are symptoms of a stroke, or "brain attack." What should you do? Wherever you are, call 911.

It is critical to receive treatment for a stroke within six hours of the first symptoms. Do not wait, do not delay. Let a health care provider decide what is happening!

- Stroke is the third leading single cause of death
- Stroke is the primary cause of disability in adults
- Stroke risk more than doubles for those over the age of 55
- Stroke is the leading cause of disability and death for U.S. women

- Stroke will re-occur within one year in 14% of people who have had a stroke

Stroke is a disruption of the brain's blood flow. There are two kinds of stroke: HEMORRHAGIC is caused by a blood vessel that ruptures in the brain and ISCHEMIC is caused by fatty plaques and/or blood clots.

### WHAT ARE THE RISK FACTORS?

- prior stroke
- hypertension
- cigarette smoking
- atrial fibrillation
- transient ischemic attacks (TIAs)
- elevated cholesterol

### HOW DO I DECREASE MY RISK OF STROKE?

- monitor your blood pressure (normal is 120/80)
- stop smoking

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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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POSTMASTER: Send address changes to Partnership to Preserve Independent Living for Seniors and Persons with Disabilities, 6296 Rivercrest Drive, Suite K, Riverside, CA 92507.

- drink in moderation
- know your cholesterol level (keep under 200)
- control your diabetes if diabetic
- exercise daily in activities you enjoy
- consult your physician if you have circulatory problems.

**HOW CAN I ACHIEVE AN OVERALL HEALTHY EATING PATTERN?**

- Limit foods that are high in calories and/or low in nutritional quality, including those with a high amount of added sugar.
- Limit food with a high content of saturated fat and cholesterol. Substitute with grains, vegetables, fish, beans and nuts.
- Limit cholesterol to 300 milligrams (mg) a day for the general population and 200 mg a day for those with heart disease or its risk factors.
- Limit trans fatty acids, which are found in foods containing partially hydrogenated vegetable oils such as cookies, crackers, and other baked goods; commercially prepared foods and some margarines
- Limit salt intake to less than 6 grams (2400 mg sodium) per day, slightly more than a teaspoon a day.

Stroke survivors are re-entering the community after shorter stays in acute rehabilitation or skilled nursing programs. In addition, third party payers are no longer providing home care or outpatient therapy services post discharge from an in-patient and out-patient programs. For these reasons, a great need exists to provide ongoing care to the stroke survivor via a community-based program.

In 1978 Dr. Irving Hirshleifer founded the Stroke Recovery Center (formerly the Palm Springs Stroke Activity Center) to provide a continuum of care for stroke survivors and their families whose need for help did not end when the money ran out. Dr. Hirshleifer considered stroke patients an abandoned and ignored group in need of ongoing organized programs. Our motto is: *We begin where others leave off.*

Understanding that rehabilitation is a life-long process, the Center offers therapeutic programs around three important goals: (1) support psychological improvement and re-socialization (2) elevate recovery to a higher level of functions; and/or slow the pace of deterioration; and (3) educate clients, families, and the public about stroke, including prevention.

*How to Spot Someone Who May be Suffering Stroke.....*

**A**sk them 3 Questions:

1. Ask them to smile.
2. Ask them to raise both arms above their head and keep them there.
3. Ask them to speak a simple sentence coherently.

If they are unable to do any of these things, call 9-1-1 immediately.

[SOURCE: Report Presented to The American Stroke Association]

The goal of the Center has always been to help stroke survivors overcome serious disabilities and hasten their return to active lives. We are not a stroke support group, but a full service rehabilitation center open 5 days a week from 8:00AM to 4:00pm. Stroke survivors receive exercise, speech, recreational, psychological and re-socialization therapies—**free of charge.** Funds are raised through special events, grants, our Thrift Shop and generous donations.

If you need of rehabilitation due to a stroke, or know of someone who does, or would like to donate to the Thrift Shop, please call us at: 760/323-7676.

**EATING LIGHT FOR SUMMER**

by April Hamilton, Nutrition Educator, Office on Aging

**W**hen the temperatures begin to soar, the last thing we want to do is turn on the stove to cook. Heavy foods can make the body temperature rise, so lighten up for the summer with salads, fruits, and other dishes. It is also the time to increase fluid intake.

Here are a few recipes that can take the heat out of the kitchen and add some cool to your days!

**Summer Breezes Smoothie**

(From the US Dept. Health & Human Services)

- 1 cup fat free, plain yogurt
- 6 medium strawberries
- 1 cup pineapple crushed
- 1 teaspoon vanilla extract
- 4 ice cubes

Puree in a blender all ingredients. Makes 3, 1 cup servings. Has only 121 calories, less than 1 gram of total fat, 64 mg of sodium, 2 grams fiber, 6 grams protein, 483 mg of potassium.

That's a great way to cool off and it also helps provide servings of fruit towards your 5 to 9 a day servings of fruit and vegetables.

During the afternoons we want something filling but light to eat. Salads are a great

way to get the vegetables and fiber needed plus are easy to make. Try these salad recipes as add-ons to lunch or for a meal.

**Garden Harvest Salad**

(From the California 5 a day Program)

- 2 cups salad greens (such as romaine lettuce, spinach, red leaf lettuce)
- 1 cup chopped vegetables (such as tomatoes, cucumbers, carrots, green beans)
- 1 cup fresh orange segments or pineapple chunks (can also use drained packed in own juice)
- ¼ cup dressing (lowfat dressing of choice)
- 2 tablespoons raisins
- 2 tablespoons chopped nuts, any kind

Put mixed salad greens on a large platter or in a salad bowl. In a large bowl, mix chopped vegetables and orange/pineapple segments. Add dressing and stir. Spoon vegetable mixture over salad greens. Top with raisins and nuts.

Five Fruit Salad is a wonderful and easy to make

*(Continued on page 4)*

(Continued from page 3)

dish:

**Five Fruit Salad**(From the California  
5 a Day Program)

1 cup seedless grapes

1 orange, peeled and  
sliced1 banana, peeled and  
sliced

1 peach, sliced

½ cup orange juice

Place prepared fruit in a  
bowl and pour orange juice  
over fruit. Chill. Makes 4  
servings.

Also try cold soups such as Gazpacho to go along with salads or other foods that take little or no cooking. Keep it light and keep it simple and have a healthy summer!

**The California 5 a Day  
for Better Health! Campaign**

The 5 a Day program, as part of the California Nutrition Network for Healthy, Active Families, works with local, state, and national partners to promote fruit and vegetable consumption and physical activity to reduce the risk of chronic diseases, such as heart disease, cancer, hypertension, stroke, diabetes, and obesity.

**Coupons for Fresh Fruits and Vegetables**

**C**oupons for the purchase of fresh fruits, vegetables and herbs are available for use by low income seniors at Certified Farmer's Markets through November 30th. The Senior Farmers Market Nutrition Program (SFMNP), of the US Department of Agriculture, is administered by the California Department of Aging and available to residents of both Riverside and San Bernardino Counties.

Low income adults, 60 years of age or older, are eligible to receive coupons to buy fresh fruits and vegetables. In Riverside County, coupons are available through Office on Aging Nutrition Services and the Nutrition Van—Call HelpLink at 1-800-510-2020 to find out when the Nutrition Van will be in your area. Coupons must be signed for by the recipient, so they cannot be mailed. In San Bernardino County, call Adult Services Information and Assistance at 1-877-565-2020 to qualify and get coupons.

**Some Certified Farmer's Market Locations****Big Bear**—@Convention Center, Tuesdays 8:30am - 1pm**Menifee**—26852 Scott Road, Sundays 9am - 1pm**Menifee**—Mt. San Jacinto College, Saturdays 7am - 3pm**Redlands**—Downtown on State, Thursday, 6pm-9pm**Riverside**—Downtown@Main Street and Fifth,  
Wednesdays 4pm - 9pm**Riverside**—Sears parking lot, Fridays 8:30am - Noon**San Bernardino**—Perris Hill Park, Tuesdays, 5pm - 9pm**Temecula**—Promenade@Winchester & Ynez Roads,  
Wednesdays 9am - 1pm**Temecula**—Old Town, Saturdays 8am - Noon**Upland**—Downtown@9th Street, Thursdays 5pm - 9pm**Victorville**—Upper college campus, Saturdays 9am - 1pm**Yucaipa**—Yucaipa Blvd@California, Fridays 5:30pm - 9pm

Coupons cannot be exchanged for cash and no change will be given. Coupons can only be redeemed at Certified Farmer's Markets. Program ends November 30th.

Reader donations are now being 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!

*The STRAWBERRY — a summer favorite*

**N**o one knows how long people have been eating strawberries. In Greek and Roman times, the strawberry grew wild. Medieval stone masons carved strawberries on altars to symbolize



perfection and righteousness. They grew wild and Native Americans were eating them when the Europeans arrived.

It is a summer favorite all by itself, over shortcake, in cereal, or over pancakes, but also great sliced into yogurt or blended with a some orange juice for a refreshing smoothie! Add some tofu for protein and you have a smoothie meal. Some people even make a cold soup from blended strawberries! The possible ways to enjoy them are endless. Another tradition of the wealthy in France was to dip them in wine to accompany lively conversation.

Tasty and fun, the berry is a rich source of vitamins A, C and folic acid, as well as many minerals.

[SOURCE: Univ. of Illinois—Extension]

**"I'm going to stop putting things off, starting tomorrow!"**

— Sam Levenson  
American Humorist  
(1911-1980)

**2 1 1 - Call for Referral**  
*to Social Services in Riverside County*

**R**iverside County has become "one of the first counties in California to provide this quick link for referrals to social services", according to Mary Salvador, Executive Director of *The Volunteer Center of Riverside County* that operates the service.

Salvador says, "I'm excited that the service is now available in Riverside County." Just call 2-1-1 for referrals to over 2,000 social service programs by 800 local non-profit and government agencies.

2-1-1 is an easy number to remember and the

service operates 24 hours a day, 7 days a week. Calls are confidential and, most often, callers are not even required to provide their name.

Availability of service referrals is limited to those that are provided by organizations and agencies in Riverside County, but include:

- Basic human needs resources
- Physical and mental health resources
- Employment support services
- Services for older adults and persons with disabilities
- Volunteer opportunities.

“MEDI-CAL PLANNING” IS IMPORTANT

by George F. Dickerman, Elder Law Attorney

Previous *Meeting The Challenges* articles summarized the options available to pay for long term care in a skilled nursing facility. This time, we'll discuss how you can obtain Medi-Cal benefits to pay for the high monthly cost that can run from \$4,000 to \$30,000+ (that's right - depending on the level of care required). We will also discuss some pitfalls.

Obtaining long term care benefits is called "Medi-Cal Planning" and involves a three-step process: (1) the analysis and development of a plan, (2) the execution of

the plan, and (3) the preparation and follow-through of the Medi-Cal application.

In this process, the following three issues are focused upon:

- Eligibility. The rules are greatly different for married couples vs. a single person. A married couple can have \$95,100 (2005) in "assets" (i.e., cash in the bank) and still receive Medi-Cal benefits to pay for the nursing home costs. Any assets over this amount will make them ineligible for Medi-Cal, unless the excess assets can be reduced or properly con-

verted into another type of "property" that is "exempt" for Medi-Cal eligibility purposes.

Exempt property are things that Medi-Cal can't consider when determining whether a person has too many assets. A home and car are two examples of exempt assets. The home can be worth millions and the vehicle can be a Rolls Royce. Medi-Cal can't consider their values when determining eligibility.

- Share of Cost. Once proper legal steps have been taken to establish eligibility, the next question is whether the married couple will have to pay some of their own money to the nursing home (with Medi-Cal paying the monthly balance). This is called the share of cost.

To illustrate, the following is a thumb nail sketch involving the hypothetical circumstances of one married couple :

*The well-spouse may keep a minimum of \$2,378 (2005) in monthly income. If, for example, a wife's (well-spouse) only income is a social secu-*



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riety payment of \$500 per month, then she is \$1,878 below the minimum amount she is entitled to keep. If her husband's monthly income is \$2,000, then \$1,878 of his income can be allocated to his wife and the balance of his income (\$122) would be payable to the nursing home as his share of cost (however, he can keep \$35 as his "personal needs allowance").

- **Recovery.** If the well-spouse lives in a nursing home for five years, then it is quite likely that Medi-Cal would have paid approximately \$200,000 to the nursing home. When the ill-spouse dies, Medi-Cal will seek to "recover" what it has paid out.

Steps must be taken, during the Medi-Cal Planning process, to avoid Medi-Cal's ability to recover this large amount of money. Here's one example: Let's say that husband and wife own their (exempt) home as joint tenants. A joint tenancy carries the "right of survivorship", meaning that when the ill-spouse dies, their joint tenancy interest automatically passes to the surviving spouse.

However, Medi-Cal can seek to recover from a joint

tenancy interest! If the ill-spouse remains on title at the time of their death, then Medi-Cal considers that joint tenancy interest to be part of the deceased spouse's "estate" and can seek to recover their (Medi-Cal's) money from the house. This won't be done so long as the well-spouse continues to reside in the home.

When the well-spouse dies, Medi-Cal will then send the couple's heirs a letter stating that they have 30 days to pay \$200,000, or else Medi-Cal will place a lien on the home!

Besides the Federal and State prohibition of recovery from a surviving spouse still living in their house, recovery is also prohibited if a minor or blind or disabled child of any age survives the Medi-Cal beneficiary.

Individual circumstances require different steps to avoid a "recovery" claim. While it is necessary to transfer title out of the name of the ill spouse, to whom title will be transferred depends upon the individual circumstances of each case. These decisions should be made with consultation of an elder law attorney. Serious tax consequences and avoidance of possible elder finan-

cial abuse must be considered.

Recent proposals from the Department of Health Services for substantial changes to recovery regulations indicate that some California leaders are looking seriously toward Medi-Cal recovery as a way to help solve the State's financial problems. This makes it even more important to do effective Medi-Cal Planning. **The offices of George F. Dickerman are located in Riverside at 3879 Brockton Avenue. (951) 788-2156.**

The *TRIPLE A COUNCIL*  
Needs your help.....

**T**ACC, as it's called, promotes the important activities of local area Advisory Councils on Aging.

Each Area Agency on Aging in California, like the Riverside County Office on Aging, has an Advisory Council of members of the community to assist in the development of area plans and to advocate for the needs of seniors in the area. When a vacancy occurs, any person who is interested in senior issues may apply to serve.

The TACC is funded by tax deductible contributions. To donate, send your gift to: California Foundation on Aging/TACC, PO Box 660951, Sacramento, CA 95866.

## YOUR PERSONAL HEALTH RECORD

by Gary M. Levin M.D.

**M**any of us have accumulated a significant amount of health and medical history. Getting, storing and retrieving this information now represents almost 20% of the health care cost in the United States.

David Brailer MD, the President's National Health Information Coordinator, has been asked to develop a national system to reduce this expense and make information easy to access when needed by health service providers. The system would be developed by regions and be secure, allowing only password access *with patient permission*. The patient would hold the code, like a PIN number on an ATM card. Some physicians and hospitals have already implemented the use of electronic health records, but it is not yet a uniform system.

Imagine going to the hospital, emergency room or your primary care physician and/or specialist and being able to "pull up" your medical history from birth on a terminal. There would be no delays in obtaining important and vital emergency information. Allergy and

medication history would be instantaneously available. If your physician has an ongoing treatment plan it would be available. Your current insurance information would be available as well. Transferring medical records, x-rays, EKGs, reports from consultants, everything that was needed would be immediately available and result in better patient care.

It will be some time until the national system is fully operational. Congress is funding some of this effort and legislation is pending to give tax credits, grants and loans for small physician groups to implement the system.

But an immediate option that is now available to benefit health services consumers is the Personal Health Record (PHR). PHR systems are available on the internet and there are also software programs for home use, and paper based systems. These systems allow you to enter your personal information, health data, medications, allergies, surgeries, medical conditions and hospitalizations, as well as emergency contact infor-

mation. Some allow documents and images to be scanned in via fax. All of the same information every doctor's office asks for each time you change physicians, or once a year. This involves a great deal of time both on the part of staff and the patient. Once this information has been entered into your PHR it can be accessed via the internet with a secure passcode or from your personal files.

An excellent source of information about Personal Health Record systems can be found at [www.myphr.com](http://www.myphr.com), a site sponsored by the non-profit American Health Information Association (AHIMA). This free public service website provides a step-by-step guide to creating your own PHR and suggests different ways to store your completed record.

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Dr Levin is a board certified ophthalmologist. His current project is to assist and guide a task force in developing an interoperable health data network for our region. He may be contacted via email [info.rhio@verizon.net](mailto:info.rhio@verizon.net)



### *What Should Be In A Personal Health Record ?*

- **Personal identification, including name, birth date, and social security number**
- **People to contact in case of emergency**
- **Names, addresses, and phone numbers of your physician, dentist, and other specialists**
- **Health insurance information**
- **Living wills and advance directives**
- **Organ donor authorization**
- **A list and dates of significant illnesses and surgeries**
- **Current medications and dosages**
- **Immunizations and their dates**
- **Allergies**
- **Important events, dates, and hereditary conditions in your family history**
- **A recent physical examination**
- **Opinions of specialists**
- **Important tests results**
- **Eye and dental records**
- **Correspondence between you and your provider(s)**
- **Permission forms for release of information, operations, and other medical procedures**
- **Any information you want to include about your health – such as your exercise regimen, any herbal medications you take and any counseling you may receive.**

**The simplest way is to put all of this information in a file folder for yourself and one for each member in your household. Store them in a safe place and be sure to take the file with you when you go to the doctor or emergency room.**

[SOURCE: [www.myPHR.COM](http://www.myPHR.COM) website of the non-profit American Health Information Management Association]



**T**AP ( the Transportation Access Program) provides short-term transportation assistance to qualifying agencies and the people they serve in Western Riverside County.

Supported by a Measure A grant, through the Riverside County Transportation Commission, TAP is administered by the Volunteer Center of Riverside County and supplies free bus tickets to qualifying organizations, such as churches, schools, non-profits, and government agencies for distribution to clients for urgent and emergency use.

Organizations that would like to learn if they qualify to participate in the program can call (951) 686-4402.

The general public can call the same number for general information about existing transportation availability and possible referral to an agency that is participating in TAP and which may be able to assist with free bus tickets.

**WARNING SIGNS OF PHYSICAL ABUSE  
AMONG THE ELDERLY AND DEPENDENT ADULTS**  
by Roberta Wertenberg, San Bernardino County Long-Term Care Ombudsman

**Y**ou can help in the prevention of physical abuse by becoming aware of the warning signs that abuse may be occurring. Learning the warning signs and to whom you can report them may just save someone's life.

According to the California Attorney General's Office, each year more than 225,000 Californians become victims of elder or dependent adult abuse. Unfortunately, not all abusive events are reported. Investigators of abuse find that elder and dependent abuse is happening even in the best communities. It may well be the silent crime of this century.

Physical abuse can include such behaviors as hitting, slapping, shaking, pushing, handling in a rough manner, or injuring someone in another way. It is also prolonged, excessive, inappropriate, or unauthorized use of physical restraints or drugs used to control behavior. Physical abuse can also be self-inflicted, as in the case of neglect or isolation. It is

also abusive if basic medical or personal care are withheld or ignored. Abuse also occurs if a person is exposed to health and safety hazards through their own consistently inappropriate choices, or through the controlling behavior of another.

Physical abuse in the community: More than two-thirds of abusers are family members. Abuse can result from inadequate training, or limited resources. It can also be deliberately systematic and may be accompanied by financial abuse. Abusers often have a history of abuse to others, or problems with alcohol or drugs.

Persons who are dependent, yet living at home, are at an increased risk of abuse. This is due to the potential for isolation and limited contact with anyone other than their primary caregiver. Adult Protective Services is responsible for responding to allegations of abuse in the community.

Physical abuse in a licensed facility: Residents of facilities retain their civil rights, including the right to refuse treatment and remain

free of all types of abuse. Abuse in a nursing or residential care home can be the result of inadequate screening or training. Abuse can also occur between residents or residents and family members. The Ombudsman Program is responsible for responding to allegations of abuse or complaint within a licensed facility for the elderly.

#### **Red Flags of Physical Abuse**

- Any unexplained injury
- Failure to seek medical treatment
- Bruises, scratches or other injuries observed on the body
- Signs of confinement
- Poor hygiene, dirty, smelly, or worn clothing
- Fear or withdrawal
- If malnourished or dehydrated
- Disorientation
- A "watchdog" caregiver.

Physical abuse of an elder or dependent is a felony under Penal Code 368. Everyone should have the right to be free of abuse.

If you reasonably suspect abuse, you should report

it as soon as possible.

You can call Adult Protective Services in Riverside County at 1-800-491-7123—in San Bernardino County at 1-877-565-2020. If you believe you are in immediate danger call 911.

To reach the Ombudsman Program, anywhere in California, call toll free 1-800-231-4024.

**The Ombudsman Program welcomes new volunteers interested in responding to complaints at skilled nursing and assisted living facilities.**

**If you are interested in learning more about volunteer opportunities, please call the following numbers:**

**San Bernardino County  
(909) 891-3926**

**Riverside County  
(951) 686-4402**

## TRIP TIPS

**T** *RIP* stands for the “Transportation Reimbursement and Information Project”, started in Riverside County in 1993 to help seniors and persons with disabilities get to their doctor, the store, or other places to meet essential and quality of life needs.

*TRIP* is operated by the 501 (c)(3) non-profit Partnership to Preserve Independent Living, which also publishes *Meeting the Challenges*.

Beginning with this issue, *TRIP TIPS* will be a regular feature to assist *TRIP* Riders and Volunteers with things that pertain to

their successful use of the program, as well as rider and volunteer stories, and volunteer achievements.

We look forward to the stories, questions, or comments about the *TRIP* program from all participants. Please send them to us at: *TRIP TIPS*, c/o Meeting the Challenges, PO Box 3097, Beaumont, CA 92223-3097.



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### **DID YOU KNOW?**

**“On any given day, more than half of the 7 million elderly Americans who don’t drive stay home because they lack adequate transportation alternatives.”**

## Headaches Can Be Triggered by Some Surprising Things

**E**veryone knows that unrelieved stress and tension can cause headaches but, surprisingly, so can such things as what we eat, and other life style habits.

Caffeine, red wine, processed meats, chocolate, cheese, citrus fruits, lentils and snow peas are just some foods that can cause headaches in people who are sensitive to them. If you regularly get a headache after eating any of these things, you may want

to restrict them in your diet.

Too much, or too little, sleep can trigger headaches in some people. Getting on a sleep schedule that’s right for you can stop this from happening.

Sitting too much can also cause headaches. If you need to sit for long periods, get in the habit of shifting position often and stretching frequently. Best thing to do, if you can, is get up and talk a walk.

[SOURCE: Top Health Wellness Newsletter]

*The New Medicare Drug Benefit (Part D): "Should I Enroll?"*

**C**onfusing and hard to understand? You bet. **Everything it could be?** Probably not. **Better than nothing?** Absolutely.

If you have Medicare, new prescription drug coverage is set to begin in January, either through your HMO (a "Medicare Private Plan") or through a private company (called a "Prescription Drug Plan").

The question everyone has is: **How much do I have to pay** for prescription drugs with the plan I choose? Unless you are considered low income (2005 individual income less than \$14,355 for the year; and couples less than \$19,245), everyone pays a monthly premium, annual deductible and "coinsurance", and this varies plan by plan.

Once on a Part D plan, about 75% of the regular cost of medications, that the plan covers, is paid for you by the plan. Each plan also has an approved "network" of pharmacies where prescriptions must be filled.

However, **once the annual maximum out of**

**pocket is reached (\$3,600 for 2006) the cost of prescriptions, which are covered by your plan, is only 5% of its regular cost for the rest of the year**

If you are considered to be low income, you may also qualify for extra help paying for the yearly costs associated with the drug benefit plan. (More about this later.)

Another question is does everyone on Medicare have to sign up for Part D? The answer is no, but this will take some homework—if your current coverage is as good or better than the new plan, what would be the point? But if current coverage isn't as good, wouldn't it be crazy not to get prescriptions cheaper?

Here's what to do:

- Find out about your current coverage—how much you pay/what you get.
- Learn about the different plans that are available under Part D—Call 1-800-633-4227 (the official Medicare information number) or, on the Internet—[www.medicare.gov](http://www.medicare.gov)
- Make sure that the pre-

scriptions you need are covered by the plans you consider (the medications covered are different for each plan)

- Discuss with your doctor other medications that you might need soon and make sure they are on the plans you are comparing.
- If you already have a drug insurance plan or receive assistance paying for your prescriptions, call the company that is providing your current coverage, and ask them how that coverage will work with the Medicare drug benefit (some plans may supplement Medicare coverage)
- Write down each plan that you are considering, side by side and compare costs and benefits—this will help you decide logically what to do or which plan to select..

To enroll in the new Medicare drug benefit plan, you must enroll between November 15th and May 15th of next year to avoid a "premium penalty". Then each year, between November 15th and December 31st, you can change plans (for example, if a new plan is needed to cover new medications you are prescribed that are not covered

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

- Henry Ford, founder of the Ford Motor Company

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

by your current plan).

If you have drug coverage through Medi-Cal, you will lose that coverage at the end of this year. You will keep your other Medi-Cal benefits, but drug coverage will be provided through Medicare Part D. If you receive Medi-Cal, extra help paying Medicare drug costs will be “automatic”, but you should do your homework to pick and enroll in the specific plan that covers the medications you use and is best for you.

#### HOW TO APPLY FOR EXTRA HELP PAYING FOR MEDICARE DRUG COSTS

- If you have Medi-Cal, a Medicare Savings Plan (MSP) or you receive SSI (Supplemental Social Security), you automatically qualify and you do not have to apply.
- Otherwise, you should apply now through your Social Security Office. A printed application, which you should receive in the mail, or an online application at [www.ssa.gov](http://www.ssa.gov), can be used to apply. You will be asked to state that your income and assets qualify you for help.

[SOURCE: [www.medicarerights.org](http://www.medicarerights.org)]

#### Desert Mornings in the Summer Are Beautiful

**B**ut later in the day, the heat can take life or, trying to keep cool, can destroy a budget. Being smart and sensible are the keys to personal safety and keeping bills manageable.

Here are some sensible tips from Southern California Edison and the American Red Cross:

- Wear lightweight, light-colored clothing
  - When outside, wear a hat
  - Drink plenty of water
  - Avoid caffeine and alcoholic beverages (many sodas contain caffeine!)
  - Avoid strenuous activity during the heat of the day and take regular breaks
  - Stay indoors as much as possible—consider going to your senior center, the library or other well cooled public buildings, or take in a movie.
- To keep your residence cooler (and summer electric bills lower):
- Keep drapes on sunny windows and doors closed
  - Set thermostats at 78 degrees or higher and use ceiling fans or other fans to circulate the air
  - Only use major appliances after 7pm
  - Turn off unneeded lights, computer equipment and other devices.
  - Open windows on cool evenings.
  - Eat light meals and avoid oven baking.

Contact SCE at 1-800-655-4555 (on the web at [www.sce.com/staycool](http://www.sce.com/staycool)) for information on *special programs and services*, including: 20% CARE Program discounts if you are income qualified; Medical Baseline rates if a senior has a qualifying medical condition or relies on medical life support equipment. Everyone can sign up for level pay to spread electric costs over the full year.

Having a programmable thermostat installed can save money and might qualify for a rebate from SCE. The same goes for the replacement of older, less energy efficient appliances.



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

## Superando nuestros retos.....

### EL ATAQUE CEREBRAL Y USTED

por Eileen Packer, R.D., CAE, Directora ejecutiva, Centro de recuperación cerebral

**S**i usted está relajado, viendo televisión y de un de repente siente entumido un lado de su cara, y un lado de su cuerpo. Quiere hablar, pero no puede formar las palabras; su vista está borrosa, y su cabeza le duele terriblemente. Esos son los síntomas de una embolia, ó “ataque cerebral.” ¿Qué debe de hacer?

**Dondequiera que usted esté, llame al 911.**

Es crítico recibir tratamiento para un ataque cerebral dentro de las siguientes seis horas después de los primeros síntomas. No espere, no se detenga. Permita que un proveedor de cuidados de la salud decida qué está sucediendo.

- Ataque Cerebral es la tercera causa líder de muerte.
- Ataque Cerebral es la causa número uno de incapacidad en adultos.
- Ataque Cerebral corre el riesgo de duplicarse en aquellos individuos que

pasan la edad de 55 años.

- Ataque Cerebral es la causa líder de incapacidad para las mujeres en Estados Unidos.
- Ataque Cerebral ocurrirá dentro de un año en un 14% en la gente que ha tenido un Ataque Cerebral.

Ataque Cerebral es la interrupción de afluencia de la sangre al cerebro. Existen dos clases de Ataque Cerebral: HEMORRAGICO O DERRAME CEREBRAL es causado por la ruptura de vasos sanguíneos en el cerebro y ISQUEMICO es causado por depósitos de grasa y/o coágulos de sangre.

#### ¿CUALES SON LOS FACTORES DE RIESGO?

- un ataque cerebral previo
- presión arterial elevada
- fumar cigarrillos
- arritmia ó fibrilación articular
- ataques isquémicos transitorios
- colesterol elevado

#### ¿COMO REDUCIR EL RIESGO DE UN ATAQUE CEREBRAL?

- monitorando la presión arterial (normal es 120/80)
- dejando de fumar
- ingiriendo bebidas alcohólicas con moderación
- conocer su nivel de colesterol (mantenerlo abajo de 200)
- controle su diadetes si es diabético
- hacer ejercicios diariamente en actividades que usted disfrute
- consultar a su médico si acaso existen problemas circulatorios.

#### ¿COMO PUEDO ALCANZAR UN SISTEMA COMPLETO DE ALIMENTACION SALUDABLE?

- Limite comidas altas en calorías y/o bajas en calidad nutritiva, incluyendo esas comidas altas en cantidades de azúcares agregados.
- Limite comidas con alto contenido en grasas saturadas y colesterol. sustituya con granos, vegetales, pescado, frijoles y nueces.
- Limite el colesterol a 300 miligramos al día para el

.....*Superando nuestros retos*

público en general y a 200 miligramos al día para aquellos con enfermedades cardíacas ó con factores de riesgo.

- Limite los ácidos grasos, que se encuentran en comidas que contienen aceites vegetales parcialmente hidrogenados como lo son las galletas, y otros productos horneados; comidas preparadas comercialmente y algunas margarinas.
- Limite ingerir la sal a menos de 6 gramos (2,400 miligramos de sodio) al día, ligeramente más de una cucharadita al día.

Los sobrevivientes de un ataque cerebral son reincorporados una vez más a la comunidad después de una corta estancia en un programa de rehabilitación. Aunado a esto, los pagadores de tercera parte no proveen cuidados de casa, ni terapia ocupacional después de haberse dado de alta de algún programa para pacientes dentro y fuera del hospital. Por estas razones, existe la gran necesidad de proveer un constante cuidado a los sobrevivientes de un ataque cerebral por medio de un

programa basado en la comunidad.

En 1978 el Dr. Irving Hirshleifer fundó el Centro de Recuperación Cerebral (formalmente Centro de Actividades para Ataques Cerebrales en Palm Springs) para proveer un continuo cuidado para sobrevivientes de ataques cerebrales y sus familias, cuyas necesidades de ayuda no terminan cuando el dinero se acaba. El Dr. Hirshleifer consideraba a los pacientes de ataque cerebral como un grupo de abandonados é ignorados, en la necesidad de una organización de programas continuos. Nuestro lema es: Nosotros empezamos, donde otros terminaron.

Entendiendo que la rehabilitación es un largo proceso, el Centro ofrece programas terapéuticos alrededor de tres importantes metas: (1) apoyo psicológico de mejoría y de resocialización (2) recuperación elevada a un alto nivel de funciones y/o lento proceso de deterioro; y (3) educar a nuestros clientes, sus familias, y al público en general acerca de ataques cerebrales, incluyendo prevención.

La meta del Centro siempre ha sido ayudar a los sobrevivientes de ataques cerebrales para sobrepasar incapacidades serias y reanudar sus vidas activas. Nosotros no somos un grupo de apoyo a ataques cerebrales, pero un centro de servicio completo de rehabilitación abierto cinco días a la semana desde las 8 de la mañana hasta las 4 de la tarde. Los sobrevivientes de ataques cerebrales reciben terapias de ejercicios, del habla, recreacional, psicológica y de resocialización. Todo esto es proveído sin costo alguno. Fondos son obtenidos por medio de eventos especiales, nuestra Tienda de Segunda y generosas donaciones.

Si está interesado en rehabilitación debido a una embolia, o conoce a alguien que la padece o quisiera donar a la tienda de segunda (Thrift Shop), por favor, llámenos al: 760/323-7676.

EL CENTRO  
DE RECUPERACION  
DE ATAQUE CEREBRAL  
**2800 East Alejo Road,  
Palm Springs**  
(760) 323-7676

## How to Massage Away Your Own Pain in the Neck

1. Stroke your right shoulder with your left hand. Starting at the base of the skull, stroke down the side of the neck, over the shoulder and down the arm to the elbow. Repeat at least three times—then do the other side.
2. Make circular pressures with fingertips on either side of the spine. Work up the neck and around base of the skull. Then squeeze and release the flesh on each shoulder and at the top of arms. Repeat.
3. To improve circulation, loosely clench left hand into a fist and gently pound your right shoulder. Keep wrist flexible. Repeat on other side.
4. Using both hands, smooth the sides of face and glide them gently down under chin, past each other at the front of the neck, and gently over the opposite shoulder. Repeat this relaxing stroke as often as you like.

[SOURCE: www.coolnurse.com]

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## **Meeting the Challenges**

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