

# Meeting the Challenges

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## Are You Prepared for SURVIVAL ?

By Richard Smith (Adapted from US Army Field Manual 21-76 –SURVIVAL)

**W**e have heard that the best selling book in New Orleans, after Katrina, was the Survival Manual of the US Army. While particularly useful in dire times, the teachings of the manual are broadly applicable to survival in many circumstances, including natural disasters and, maybe especially, in dealing with the challenges of aging and disability.

In the Army manual, each letter in the word SURVIVAL stands for actions that need to be taken. While the manual emphasizes the combat relevance of the

tactics, we have adapted them for broader application:

**S** Size up the situation. Size up your surroundings. Size up your physical condition. Size up your resources.

**U** Use all your senses—Be observant. Undo haste makes waste—formulate a plan.

**R** Remember where you are and what you need to accomplish—Remember your plan.

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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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**V Vanquish fear and panic—they may cause you to react with emotions and destroy your ability to make an intelligent decision.**

**I Improvise—use your strengths and make changes to overcome your weaknesses.**

**V Value Living—Refuse to give in to problems, obstacles, inconveniences and discomforts—maintain your will to live.**

**A Adapt to changes when they are necessary—study those who have overcome similar challenges and learn from their successes.**

**L Learn the new skills you may need, practice them—Live by your wits.**

Doing what is necessary to survive physical, financial, or social changes in our circumstances results in stressful feelings. In fact, stress can be thought of as “our reaction to pressure”. We tend to think of stress as a bad thing, but it does also have benefits:

- It gives us chances to learn more about ourselves, our character, values and our personal strengths
- It tests our adaptability and flexibility
- And it can give us the needed energy and motivation to do our very best.

Too much stress, on the other hand, can cause the problems we all know about:

- Difficulty making decisions
- Angry outbursts
- Forgetfulness
- Low energy level
- Constant worrying
- Propensity for mistakes
- Thoughts about death or suicide
- Trouble getting along with others
- Withdrawing from others
- Hiding from responsibilities
- Carelessness.

All of these interfere with survival.

Some people have trouble operating in settings where everything is not clear-cut.

***The only guarantee in a survival situation is that nothing is guaranteed.*** It can be extremely stressful operating on limited information in a setting where you have limited control of your surroundings.

There are some advantages to facing adversity with others. **Being in contact with others provides a greater**

**sense of security and a feeling someone is available to help if problems occur.**

Fear is our emotional response to dangerous circumstances that we believe have the potential to cause death, injury, or illness. This harm is not just limited to physical damage; the threat to one's emotional and mental well-being can generate fear as well. **Fear can have a positive function if it encourages caution in situations where recklessness could result in injury.** Unfortunately, fear can also immobilize a person. It can cause him to become so frightened that he fails to perform activities essential for survival.

Associated with fear is anxiety. Because it is natural for us to be afraid, it is also natural for us to experience anxiety. Anxiety can be an uneasy, apprehensive feeling we get when faced with dangerous situations (physical, mental, and emotional). When used in a healthy way, anxiety urges

us to act to end, or at least master, the dangers that threaten our existence. If we were never anxious, there would be little motivation to make changes in our lives. Reduce anxiety by performing those tasks that will ensure coming through the ordeal. **To survive, we must learn techniques to calm anxieties and keep them in the range where they help, not hurt.**

Frustration arises when a person is continually thwarted in his attempts to reach a goal. The goal of survival is to stay alive until you can reach help or until help can reach you. One outgrowth of this frustration is anger. Frustration and anger encourage impulsive reactions, irrational behavior, poorly thought-out decisions, and, in some instances, an "I quit" attitude (people sometimes avoid doing something they think they can't master). **Try to harness and properly channel the emotional intensity associated with anger and frustration in order to act productively to meet**

**the challenges of survival.**

It would be a rare person indeed who did not get sad, at least momentarily, when faced with the privations of survival. As this sadness deepens, we label the feeling "depression." Depression is closely linked with frustration and anger. The frustrated person becomes more and more angry as he fails to reach his goals. If the anger does not help the person to succeed, then the frustration level goes even higher. A destructive cycle between anger and frustration continues until the person becomes worn down—physically, emotionally, and mentally. When a person reaches this point, he starts to give up, and his focus shifts from "What can I do" to "There is nothing I can do." Depression is an expression of this hopeless, helpless feeling. **If you allow yourself to sink into a depressed state, then it can sap all your energy and, more important, your will to survive. It is imperative to resist succumbing to depression.**

*(Continued on page 4)*

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



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

(Continued from page 3)

We, as human beings, enjoy the company of others. Very few people want to be alone *all the time!* As you are aware, there is a distinct chance of isolation in a survival setting. This is not bad. Loneliness and boredom can bring to the surface qualities you thought only others had. The extent of your imagination and creativity may surprise you. When required to do so, you may discover some hidden talents and abilities. Most of all, you may tap into a reservoir of inner strength and fortitude you never knew you had. Conversely, loneliness and boredom can be another source of depression.

**Surviving alone, or with others, you must find ways to keep your mind productively occupied. Additionally, you must develop a degree of self-sufficiency. You must have faith in your capability to "go it alone."**

As you can see, you are going to experience an assortment of thoughts and emotions. These can work for you, or they can work to your downfall. Survival is natural to everyone; being unexpectedly thrust into the life and death struggle of survival is not. Don't be afraid of your "natural reactions to this unnatural situation." Prepare

yourself to rule over these reactions so they serve your ultimate interest--staying alive with the honor and dignity. Below are **a few tips to help prepare psychologically for survival:**

- **Know Yourself.** Take the time to discover who you are on the inside. Strengthen your stronger qualities and develop the areas that you know are necessary to survive.
- **Anticipate Fears.** Don't pretend that you will have no fears. Begin thinking about what would frighten you the most if forced to survive alone. Train in those areas of concern to you. The goal is not to eliminate the fear, but to build confidence in your ability to function despite your fears.
- **Be Realistic.** Don't be afraid to make an honest appraisal of situations. See circumstances as they are, not as you want them to be. Follow the adage, "Hope for the best, prepare for the worst."
- **Adopt a Positive Attitude.** Learn to see the potential good in everything. Looking for the good not only boosts morale, it also is excellent for exercising your imagination and creativity.

- **Remind Yourself What is At Stake.** Failure to prepare yourself psychologically to cope with survival leads to reactions such as depression, carelessness, inattention, loss of confidence, poor decision-making, and giving up before the body gives in.
- **Train.** Begin today to prepare yourself to cope with the rigors of survival.
- **Learn Stress Management Techniques.** A few good techniques to develop include relaxation skills, time management skills, assertiveness skills, and cognitive restructuring skills (the ability to control how you view a situation).

***Remember, "the will to survive" can also be considered to be "the refusal to give up."***

NOTE: This article is an adaptation of a small portion of the manual. You may want to purchase a complete copy. The **U.S. Army Field Manual 21-76 - SURVIVAL** is available, in paperback, from general booksellers for about \$15. In this article, we have mainly covered topics presented in the "Psychology of Survival" section. The full manual covers many other subjects, including the development of specific survival skills.

## What to Do About the Driving Challenges of Aging

**Whoa! What happened? I didn't even see that car!** Ever hear or think this yourself? It happens to most of us, sooner or later, and then it is time to stop and think about how we can make our driving experiences safer.

Here are some warning signs that it is time to make driving adjustments to meet our changing challenges:

- Do left-hand turns and busy intersections seem more difficult?
- Do other drivers seem to be acting hostile or exasperated around you?
- Has parking your vehicle become more difficult?
- Do cars sometimes seem to appear from nowhere?
- Do you seem to be experiencing more near misses?
- Do you feel exhausted when completing a driving trip?
- Do you have more difficulty seeing signs or judging distances to other vehicles?
- Do you dread the idea of driving during bad weather or at night?
- Do friends or family refuse to ride with you?
- Do you have difficulty turning the steering wheel

or moving your foot between pedals?

If you answered “yes”, or even “maybe” to any of these questions, it is time to make some changes. Does this mean that you should stop driving altogether? Not necessarily, but it would not be a bad idea to begin to seriously look at alternatives to driving.

So here are some things to do when it is time to tune-up the driving machine—not the car—you!

1. Visit your physician and explain the problems that you are experiencing
2. Get your eyes checked and update corrective lenses if required
3. If your doctor says OK, increase exercise—walking is good, but it may be time to enroll in some classes with the goal of increasing mobility and strength.

The next thing is to improve driving skills:

1. Review driving rules
2. Discuss your driving with those who ride with you and correct noted problems
3. Enroll in a driving class.

Third, there are driving “strategies” that can help

keep you driving and make your driving safer:

1. If busy intersections or left turns across traffic are frightening, plan your route ahead of time to avoid the danger—for example, instead of making a dreaded left turn, drive straight through the intersection, *turn right at the next block*, then right again, then right onto the street you would have had to make the left on and straight on your way
2. Arrange to take along a “driving buddy” to be a second set of eyes and ears and to help navigate
3. If driving at night or in bad weather is a problem, plan your activities differently to avoid that driving
4. And, when driving, fully concentrate on doing just that—turn off the radio, don't chat with people in the back seat and don't talk on your cell phone.

[SOURCES: AARP; Older Californian Traffic Safety Task Force]

***“Start with what is right rather than..... what is acceptable.”***

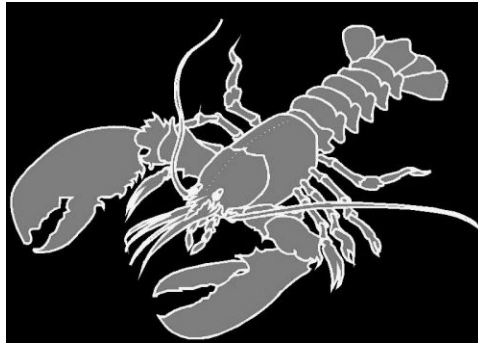
**-- Peter F. Drucker**

Often called “the father of modern management (1909-2005)

*Lobster Tales—there should be a law.....*

**A**ctually there was a law in colonial times in America that *prohibited prison inmates from being fed lobster more than one time each week!* To feed them lobsters more than once a week was considered cruel. Indentured servants revolted because they were being fed too much lobster!

Lobsters were plentiful in early times on the East Coast. After storms so many washed ashore that farmers ground them up and used them as fertilizer. The Pilgrims were able to wade into the ocean and collect all they wanted by hand.



Until the 1800s, only the lowest of the lower classes, the poor and institutionalized, in America ate lobster at all.

Along the middle coast of the Colonies, lobsters were referred to as “sea bugs”. In fact, a lobster is an arthropod, which includes insects and crustaceans such as lobsters and crabs.

But, while scorned in

America in the early days as “poverty food”, at the same time lobster was a food treat in England. Lobster was also a food of Native Americans long before the arrival of Europeans, and there are references to lobsters being served in early Roman times.

By the mid-1800s Americans were warming up to lobster as well. During World War II lobster was considered a “delicacy” and therefore exempt from rationing, so often chosen for its richness of protein.

After the 1950s, lobster finally achieved its current status as a pricy and celebratory food in our country.

24 / 7 Information &amp; Resources

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**DESERT HEALTH CAR  
EXPANDS SERVICE AREA**

**A**reas east of Cook Street in the Coachella Valley are now also being served by Desert Health Car, since the program moved to the JFK Memorial Foundation. This is great news for many in the East Valley who have previously had difficulty getting to medical or health-related appointments!

Desert Health Car is a free health and medical transport service. Rides must be scheduled two business days in advance. To schedule an appointment for travel to your next doctor's visit, call 862-9843.

Donations from riders are accepted!

## Fighting Increasing Energy Costs

**W**e all know that some ways that we can help to lower our energy bills include:

1. Keeping the thermostat lower and dressing in warmer clothing, as well as using throws and extra blankets
2. Keeping shades and curtains open on sunny days to let in the warmth of the sun—closed at night to keep out cold and drafts.
3. Plugging cold air leaks around windows, doors and in other places.

But, did you know that keeping the refrigerator full also helps lower its operational expense? It seems that when a refrigerator is full, the foods themselves act as insulation to keep everything colder and that means less cycling on and off and less energy expense!

Remember to keep the interior vents in the refrigerator clear though, so the cold air can properly circulate.

*“When men speak ill of you, live so as nobody may believe them.”*

-- Plato (427-347 B.C.)

## Warning Signs Of Vision Loss

**E**veryone should have regular eye examinations by an ophthalmologist or optometrist—at least once each year.

In addition, it is a good idea to be alert to symptomatic changes in vision:

- A **gradual and “spotty” loss of detail vision**, and a feeling that we *need more light*, may indicate the onset of dry macular degeneration. This is the most common form of the disease and progresses slowly. Commonly, parts of letters may appear to be “missing” or straight lines may appear to be crooked or wavy.
- A **sudden loss of central vision** is what happens when wet macular degeneration occurs. A dark spot appearing in the center of vision is typical. **This condition requires immediate treatment.**
- A **subtle loss of contrast and difficulty driving at night** may indicate the presence of glaucoma. Because glaucoma comes on very slowly, regular tests are critical to identifying the disease in its early stages. Irreversible loss of peripheral vision can result as the disease progresses. Glaucoma is hereditary, so a family history of the disease means that special precautions need to be taken.

- **Hazy vision, trouble distinguishing colors and increased sensitivity to glare** are warning signs for the development of cataracts. Factors that increase the risk of cataract development include long-term exposure to sunlight, high cholesterol and diabetes. Schedule an appointment with your eye doctor, but cataract development may be slowed by wearing sunglasses and eating lots of green leafy vegetables. Surgery may be required.

- **Blurred vision and vision distortion when reading** are signs of diabetic retinopathy, which is a serious complication of long-term diabetes. Keeping blood glucose levels within proper limits and exercising regularly are important preventative safeguards. Serious late-stage retinopathy complications may include hemorrhaging and retinal detachment.

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

### Break-through in Treatment of "Wet" Macular

**T**he FDA has approved a new drug for the treatment of the "wet" form of macular degeneration.

According to "AgingEye Times", the results of clinical trials showed that use of *Macugen* is effective in reducing severe vision loss by about 50% and reduces moderate vision loss by about 15%.

The medication, which became available for public use in January 2005, has so far been used to treat about 40,000 patients, according to a December 8th report on National Public Radio. The drug is injected in the eye every six weeks, and some patients are reporting *improvement* in their vision as a result.

In even bigger news, test results of a new drug, also designed to inhibit the growth of abnormal blood vessels, show *significant reversal of sight loss*. In tests completed this past summer, the use of *Lucentis* in the treatment of wet macular resulted in an improvement in the eyesight of 40% of the trial participants to 20/40—the sight sufficiency required to allow them to return to again driving their cars.

In May of this year, Genentech, Inc., the manufacturer of *Lucentis*, reported that 95% of those participating in clinical trials had maintained or improved vision during the trial. The side effects reported included hemorrhage in the tissues around the eye, eye pain and floaters, with the rare occurrence of serious inflammation or infections of the eye.

*Lucentis* is not yet on the market. The manufacturer applied for "fast track" approval, but the FDA denied that request.

Now, Genentech is conducting another set of trials on the medication to measure the safety of the drug and reports that the company is planning to apply for standard approval during 2006.

Wet Macular Degeneration results from the abnormal growth of blood vessels under the retina in the eye and the leakage of blood that blocks normal vision, and accounts for between 10% and 15% of the cases of macular disease.

Typical symptoms include the distortion or destruction of central vision, including a central dark spot or a wavy appearance to

straight lines. Side vision is seldom affected. Vision loss may happen very quickly and be severe.

Until now, the use of a laser or a light-sensitive chemical in combination with a laser, to seal the leaking vessels, has been used to slow the rate of vision loss. This procedure has not been effective for everyone and cannot prevent recurrence even if it is effective.

The other form of Macular Degeneration is referred to as "dry" or age-related. This slow developing condition results from the formation of small yellow deposits, called "drusen", under the macula. The macula is located roughly in the center of the retina, near the optic nerve. It is a small and highly sensitive part of the retina responsible for detailed central vision. These deposits eventually lead to the thinning of the macula and loss of central vision.

According to the American Macular Degeneration Foundation, "Nearly all people over the age of 50 years have at least one small druse in one or both eyes." There is no known cure for dry macular, but a diet high in antioxidants may help prevent it.

**Call TRIP at 1-800-510-2020 to become a TRIP Escort-Driver Volunteer**



**Free Adjusting to Hearing Loss Club now meets at Mizell Senior Center in Palm Springs on the first Wednesday of each month (1-3 p.m.) - now through May. For more information, call (760) 323-5689. No reservations needed.**

MEDICARE PART D:  
**THE BASICS**

**A**LL new prescription plan coverages must be equal to or better than the standard Medicare plan:

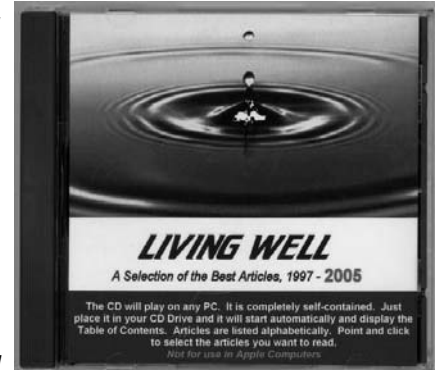
1. \$250 deductible that we have to pay
2. For the next \$2,000 in covered prescriptions, we pay 25% and the plan must pay 75%
3. Then, from \$2,000 to \$3,600 in annual prescription costs, we have to pay it all
4. After that the Medicare plan pays 95% of the expenses for the rest of the year.

NOW, look at competing plans to make sure that the prescriptions that you get now or might need in the next year are covered. Then find-out *what else* each plan provides and pick the one that's best for you! The deadline to purchase a plan without penalty is May 15th.

**INTRODUCING.....**

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Thank You! Your purchase helps to support the continuing work of our non-profit!

**NOTE:** Those who purchased the 2004 version can receive a free upgrade—just mail us the front insert with your current address.

*Medi-Cal Increases the Community Spouse Resource Allowance and Minimum Monthly Maintenance Needs Allowance for 2006*

*By: George F. Dickerman, Elder Law Attorney*

**G**enerally, there are only three ways to pay for long term nursing home care:

- (1) You already have long term care insurance,
- (2) You pay out of your own pocket (the average private pay rate is approximately \$4,800 per month), or
- (3) You figure out a way to qualify for Medi-Cal.

Medi-Cal has announced that the 2006 Community Spouse Resource Allowance (CSRA) and Minimum Monthly Maintenance Needs Allowance (MMMNA) will be increased.

**CSRA:** The 2006 amount is \$99,540. This is an increase of \$4,440 from 2005. What does it mean?

If your spouse needs to live in a nursing home, then Medi-Cal may pay the monthly bill, if you qualify. **REMEMBER:** You do not need to be poor. Even well-to-do families can often qualify to receive these Medi-Cal benefits.

First, Medi-Cal must ignore many of the assets you own. Examples: your home (regardless of its value), car, and many other

assets are considered "exempt" and Medi-Cal cannot count them in determining your eligibility. In addition, a married couple can take advantage of their CSRA.

The "well spouse" is called the "community spouse". In 2006, he or she may keep \$99,540 cash in the bank. This is a relatively large amount, but what if your assets (those that Medi-Cal will count) are \$100,000 or \$300,000+ above the CSRA limit?

This is where "Medi-Cal planning" comes in. By using Medi-Cal's rules and regulations, a married couple can often perform a combination of strategies to save their excess assets and monies and still qualify to have Medi-Cal pay the monthly nursing home bill. They can also take steps to protect their estate when they pass away and leave their assets to their loved ones.

**MMMNA:** The 2006 amount is \$2,489 per month. This is an increase of \$111 from 2005. What does it mean?

This is the minimum amount of monthly income

that the well spouse can keep.

EXAMPLE:

Let's assume that the well spouse's (wife) only monthly income is a social security check of \$800. That means she is \$1,689 short of her MMMNA. Her husband's (ill spouse) only monthly income is a \$1,200 social security payment. Medi-Cal must allow husband's income to be given to wife. Her combined monthly income would now be \$2,000, but still leaves her short by \$489 of her MMMNA (\$2,489 - \$2,000 = \$489). Is there anything else that can be done to give wife her full MMMNA amount and still require Medi-Cal to pay the monthly nursing home bill?

Yes. An administrative law judge or a Superior Court Judge can order that the well spouse may keep the amount of money, in excess of the allowed CSRA (\$99,540), that is needed to pay enough monthly interest to meet wife's MMMNA. Huh?

Let's assume that the wife and husband have \$200,000 in bank accounts. This is \$100,460 over their

CSRA limit (\$200,000 - \$99,540 = \$100,460). If the couple "theoretically" could invest their entire \$200,000 into a certificate of deposit with a 2.5% interest rate, then they would earn \$5,000 per year in interest income. Divided by 12 months, this would equal \$416.66 interest income per month. Wife's monthly income would then be \$2,416.66 (i.e., her social security check of \$800, plus husband's social security check of \$1,200, plus the interest from the CD of \$416.66). She is still slightly short of her allowed MMMNA, but she has increased her CSRA from \$99,540 to \$200,000, and Medi-Cal will pay the entire monthly nursing home bill!

#### **SUMMARY:**

The 2006 increases in the CSRA and MMMNA are welcomed. **This is just one of many planning strategies, HOWEVER, that can be used to qualify a loved one for Medi-Cal benefits to pay the staggering nursing home costs.** My advice is that you seek professional legal guidance before implementing any plan that will affect your benefit status and financial well-being.

### *Helping Someone Who Is Depressed*

**R**ecognizing that a friend or loved one has depression is the first step.

Some signs include:

- Difficulty remembering
- Inability to make decisions
- Lost interest in favorite activities
- Recurring aches and pains that do not respond to treatment by a doctor
- Sleeping a lot, or waking up in the middle of the night, or not being able to sleep
- Irritability
- Overeating or loss of appetite
- Lack of energy.

Depression is a normal reaction to the loss of a loved one or changing life conditions. Sometimes a friend can be helped when they are depressed. Here are some suggestions:

- Pitch in and help with tasks or chores, maybe shopping or getting to the doctor
- Ask them to go for a walk with you
- Show them you care—give them a little gift, invite them to dinner
- Invite them to do something new and different with you—maybe a road trip

- Listen to their concerns (but do not try to become their therapist!)

If depression lasts longer than two or three months, the matter is very serious. When the person recognizes that they are suffering from depression, suggest that they see a doctor about it and help them make the appointment or take them.

[SOURCES: Psychology Information Online; have-a-heart.com; healthieryou.com; National Institute of Health]

### *HEALTHY COLON UPDATE*

**R**esearchers, combining data from many previous studies, recently completed tracking the impact of diet on developing cancer in about 725,000 people. **The conclusion is that high fiber diets alone are not effective in prevention of colon cancer.**

They found that fiber, only when combined with smoking less, exercising more, cutting back on red meat, eating more fruits, vegetables and whole grains, and supplementing with calcium and folic acid, helped to reduce the likelihood of developing colorectal cancer.

TRIP TIPS

**Q. What should I do if I have a tire blow out?**

- A. Sudden tire blow out is a jarring experience. Remain calm. If one of the front tires blows, the car will pull hard to the side of the blowout and the steering wheel will vibrate very hard. **DO NOT SLAM ON THE BRAKES.** Place your hands firmly at the 9 o'clock and 3 o'clock positions on the steering wheel and hold on tight! Take your foot off the gas and concentrate on staying in your lane. When you take your foot off the gas, you will slow down gradually—then pull over to the side or off the road safely. If a rear tire blows the vehicle will weave back and forth and vibrate. Just do the same thing: remain calm, do not brake, firm grip on the wheel at 9 and 3, foot off the gas, pull to side or off road safely.

**Q. What can be done to help me maintain personal independence?**

- A. Independent living involves planning and action. The *most important thing* you can do is



tance when we need it, but then doing what is needed to make the assistance work for us.

Since TRIP began in 1993, the program has provided 7.4 million miles of assisted travel and almost 400,000 free escorted trips for more than 4,000 individual riders. Approximately 85% of the travel has been for medical and other survival purposes.

The coordinated collaboration and vision of the Riverside County Transportation Commission, the Riverside County Office on Aging and the non-profit, public benefit Partnership to Preserve Independent Living created the uniquely efficient, convenient and user-friendly volunteer driver program to serve those seniors and people with disabilities unable to receive needed travel in other ways.

set goals and plan for the future. As we become older, independent living can present more of a challenge. We have to adapt to our changing abilities. It is *essential to remain willing to do what it takes to accomplish daily goals that make it possible to stay independent, as difficult as that might be.* Paradoxically, this may actually include asking for assistance

**Q. What can I do, as an authorized TRIP rider, to keep my Volunteer drivers?**

- A. Think of your volunteers as friends — be considerate; be respectful. Don't expect them to jump when you call. Try to schedule travel when you know your volunteer is available and when it is mutually convenient. Plan ahead — group things in the same area for the same day. Be thankful for what your volunteer does — say Thank You. Any kindness works wonders!

*"Stories From The Road..... Stories Of The Heart"*

**J**ust out, the book titled "Stories From The Road" introduces the experiences of volunteer drivers who provide transportation to seniors throughout America.

Maybe you have thought about becoming a volunteer driver, or maybe you have been asked, but wonder if it is really something you want to do?

Volunteer drivers are becoming an increasingly critical ingredient in available transportation options. The stories in this book, in which volunteer drivers tell it like it is, will very possibly convince you to become a volunteer driver too!

By permission, here are some sample "Stories From The Road" —

**Just for the Three of Us**

*Ann Bonk*  
Round Rock Caregivers  
Round Rock, TX

The most worthwhile drive was the one where I took a woman not too much older than me to her chemotherapy. I do these drives because I can't be there for my mother who lives several states away. I also have hopes that something like this will be there for me when I need it.

As I was driving this

woman, I thought what a humbling experience this might be for her. She moved to Texas to live with her daughter and her daughter's employer could not let her daughter be available to do all the drives she needed. A perfect stranger came and picked her up and took her. I know she was grateful, and this felt good, but solving a big concern for her daughter also felt good. Volunteer driving is a very rewarding experience.

**I Hope I Can Be Like Them**

*John Scurlock*  
West Austin Caregivers  
Austin, TX

The individuals I drive are a real inspiration to me. Probably 80% of my drives are to doctor appointments, and with few exceptions my riders are upbeat and optimistic about the future. Many in their upper 80s are involved in all sorts of activities; life is still meaningful, and they feel they have an important contribution to make.

I just hope as I rapidly move into this arena, I will be like my new friends I

have met through driving several times a week, and sometimes a bit more! It really makes a guy like me want to give them my best, which then flows directly to the clients. I just hope they (West Austin Caregivers) will still be around when I no longer can be a driver and become a client!!

"Stories From the Road—Stories From The Heart", published by The Beverly Foundation, is now available for purchase on Amazon.com for \$12.95.

Some of the stories are sad, some are joyful, many are deeply touching as volunteer drivers from around the country "tell it like it is".

**Volunteer Drivers Needed**

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

- Temecula
- Idyllwild
- Cathedral City
- Hemet
- Perris

**Call Gail at 1-800-510-2020**  
or go to the Volunteer Page  
at [www.LivingPartnership.org](http://www.LivingPartnership.org)  
**to request an application**

**VOLUNTEERS ALSO NEEDED  
IN OTHER AREAS.....**

## Superando nuestros retos.....

### SIGNOS DE ALERTA TEMPRANOS DE CÁNCER GINECOLÓGICO

**U**n proyecto de ley fue recientemente introducido por el senador Arlen Specter que ayudaría a educar médicos para identificar mejor en sus pacientes cánceres ginecológicos.

La introducción a la legislación indica que se necesita por dos razones:

- Las mujeres generalmente son sabidas de los factores de riesgo ni síntomas tempranos de cánceres ginecológicos.
- Los médicos típicamente “no están preparados para considerar adecuadamente la presencia de cánceres ginecológicos cuando los pacientes muestran los primeros síntomas”.

Los síntomas de cánceres ginecológicos se confunden con frecuencia con enfermedades gastrointestinales, menopausia o perimenopausia. Las tasas de supervivencia de cinco anos para las formas comunes de estos cánceres son 90% cuando diagnosticados tempranamente, pero bajan a 50% o menos después. La detección temprana es crítica.

Por esta razón, cualquier cosa que parezca

poquito inusual debe ponerse a la atención de su médico. Y esté preparada para sugerir el cáncer ginecológico como la causa ya que su médico puede que ni siquiera considere la posibilidad a menos que se la sugiera.

Algunos de los síntomas más comunes de cánceres ginecológicos incluyen:

- Abdomen engrandecido
- Indigestión persistente
- Sangrado vaginal anormal
- Descarga vaginal anormal
- Dolor pélvico y abdominal
- Dolor de la espalda baja
- Cambio en hábitos para defecar u orinar
- Aumento o pérdida inusual de peso.

#### **ALGUNOS CÁNCERES ESPECÍFICOS Y SUS SÍNTOMAS**

##### Cáncer vulvar premaligno.

Los síntomas comunes son comezón y ardor y estos síntomas pueden estar presentes por anos. Usualmente se diagnostica mal como infección de hongos y se le hubieron recetado agentes antimicóticos, ninguno de los cuales fue efectivo. Es fácil ver al ex-

aminarse y aparecerá como una mancha inflamada roja, blanca o pigmentada. Una simple biopsia confirmará el diagnóstico.

##### Cáncer de la vagina.

Si un cáncer involucra el cuello de la matriz, se considera cáncer cervical, por tanto un cáncer vaginal es técnicamente raro. La fase premaligna no tiene síntomas; pero puede detectarse por pruebas Papanicolau rutinarias. El sangrado después del coito es común en ambos cánceres, vaginal y cervical. Los síntomas de cáncer vaginal también pueden incluir sangrado anormal y descarga hedionda. Las mujeres que han tenido una histerectomía por problemas que no son cáncer deberían también hacerse una prueba Papanicolau cada ciertos anos.

##### Cáncer cervical.

Las pruebas Papanicolau son exámenes efectivos para anomalías premalignas y casi todos los cánceres cervicales se diagnostican de esta manera. Los síntomas de un cáncer

.....*Superando nuestros retos*

avanzado son los mismos que el de cáncer vaginal.

#### Cáncer uterino.

La edad es el factor riesgo más importante para el cáncer uterino y no hay procedimientos recomendados para pruebas de pre-malignidad. Las pruebas Papanicolau no pueden detectar el cáncer uterino. La única prueba para el cáncer uterino es el D&C o, posiblemente, la histerectomía. El síntoma del cáncer uterino es sangrado anormal y, cualesquier sangrado en mujeres postmenopáusicas, debe considerarse como cáncer uterino hasta que se compruebe lo contrario.

#### Cáncer de ovarios.

Esto se refiere a más de 20 tipos de cánceres que ocurren en los ovarios. Según el Dr. William Rich, Profesor Clínico de Obstetricia y Ginecología en la Universidad de California, San Francisco: “ha habido muchos intentos para examinar cánceres de ovarios. Ninguno ha demostrado valer la pena.”

No hay señales tempranas de cánceres de ovario, aún cuando algunas veces se puede descubrir una

masa cística durante un examen ginecológico de rutina. Un síntoma común de un cáncer que avanza es la acumulación de fluidos en el abdomen. O, algunas veces un quiste puede romperse y causar sangrado.

Otros cánceres de ovarios pueden incluir cortedad de respiración o períodos extendidos de problemas intestinales. Pruebas como enemas de bario no son efectivas para diagnosticar participación intestinal en cáncer de ovario porque el problema está fuera de los intestinos. Los ovarios también son lugar a dónde se desparan los cánceres intestinales o de pecho.

**Las mujeres deben estar concientes de los signos tempranos del cáncer ginecológico y hablar de sus preocupaciones. Cuando se trata de estas formas de cáncer, nunca suponga que su médico ya pensó sobre las posibilidades.**

[FUENTES: gyncancer.com  
y aurorahealthcare.org]

Para prevenir la alta presión

- **Trate de mantener un peso saludable.** Si tiene sobrepeso, trate de no aumentarlo. Baje de peso si tiene sobrepeso. Trate de perder peso poco a poco, de media libra a una libra por semana, hasta lograr un peso saludable.
- **Manténgase activo todos los días.** Puede caminar, bailar, practicar deportes, usar las escaleras o hacer otras actividades que disfrute.
- **Disminuya la cantidad de sal y sodio al cocinar.** Compre alimentos marcados en la etiqueta como “sin sodio,” “bajo en sodio” o “sodio reducido”. Quite el salero de la mesa.
- **Reduzca el consumo de bebidas alcohólicas.** Los hombres no deben tomar más de uno o dos tragos al día. Las mujeres no deben tomar más de un trago al día. Las mujeres embarazadas no deben tomar nada de alcohol.

[FUENTES: www.nhlbi.nih.gov]

Translation provided by Leopoldo Treviño

TODAY -



**Do something special for yourself**

**— that you would like to do**

**— that you do not ordinarily do.**

**WINTER 2006**



*Reader Sponsored*

## ***Meeting the Challenges***

Quarterly

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