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 THE SALEM NEWS

Thursday, February 16, 2017

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# STAY IN TOUCH

## 6 tips for seniors to keep connected through technology

Anytime someone tells me that technology is too complicated or intimidating for seniors, I tell them about my late Uncle Jimmy. Jimmy Moore was an active user of the internet to stay in touch with friends and family — even when he reached 96 years old. By browsing the web and sending emails from his assisted living community, Uncle Jimmy found that technology helped him remain engaged with the world around him.

Many senior citizens have yet to fully embrace technology and all of the benefits that come with it. In fact, according to recent statistics from the Pew Research Center, only 30 percent of adults in the United States age 65 and older own personal smartphones, compared with 68 percent of the general population. A similar study by Pew found that only 48 percent of residents in the same age bracket have their own Facebook page compared with 72 percent of the overall population.

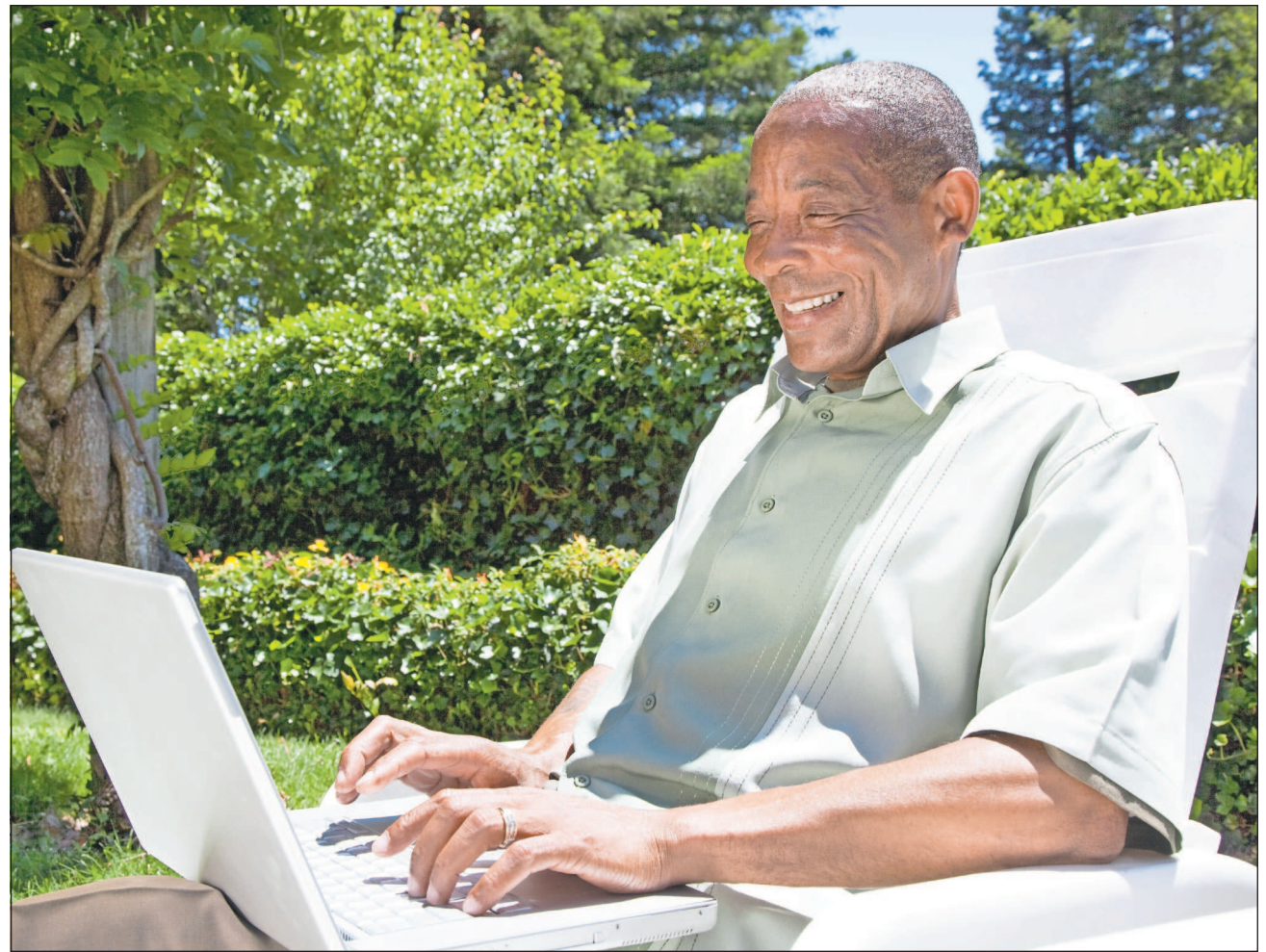
Keeping seniors connected and engaged is a priority for the Massachusetts Assisted Living Association (Mass-ALA). Here are six tips for helping seniors stay engaged through technology.

**1. Create a social media profile.** If you're one of the 52 percent of seniors who don't currently

have a Facebook page, you're missing out. Facebook allows you to instantly connect with and talk to family and friends from around the world no matter where they live. Through Facebook you can send messages, view photographs and keep yourself updated on what others are doing.

**2. Join an online community.** Through social media websites such as Facebook, a number of online communities have been created that allow you to stay connected with others who share similar interests. Groups exist online where users can talk about and share opinions on a broad range of topics, including movies and television shows, music, crafts and hobbies, sports, and countless others. Additionally, there are a number of online communities dedicated to smaller, more personal groups of people, such as college or high school graduating classes.

**3. Place a video call instead of a regular phone call.** Smartphones, tablets and most computers have the capability to place a video call for free so that participants on both ends can physically see who they are talking to. Services such as Facetime and Skype are free and can be used directly from your device anywhere that you have internet access. The visual aspect can add



Staying connected is an important part of getting older, and as technology continues to improve, there are more ways it can benefit seniors' lives.

another layer to your conversation and makes for a more personal exchange.

**4. Play interactive games to keep your wits sharp.** In addition to mindless fun, smartphones, desktops and tablets now offer games that have been created for the sole purpose of encouraging a brain-smart lifestyle by boosting critical thinking, memory building and strategy skills. Organizations such as AARP and Lumosity offer a number of such games both online

and via smartphone or tablet.

**5. Get your news online, too.** While newspapers and televised reports offer in-depth coverage, online news provides more immediate information and is updated frequently. Because of this immediacy, online news can be a wonderful resource.

**6. Take advantage of classes.** Many assisted living residences, senior centers and public libraries offer classes and trainings where technology experts provide tips

and tricks on how to make technology work for your lifestyle. These basic classes will show you the basics and also give you tips on how to stay safe online (online scams unfortunately do exist).

Staying connected is an important part of getting older, and as technology continues to improve, there become more ways it can benefit our lives. By experimenting with technology, you can connect with your

loved ones and learn something new every day.

■■■

*This story was written by Richard T. Moore, president of the Massachusetts Assisted Living Association. He is a former Senate Health Chair who sponsored legislation to establish the Massachusetts eHealth Institute and legislation to encourage electronic prescribing and electronic medical records to improve care and reduce medical errors.*

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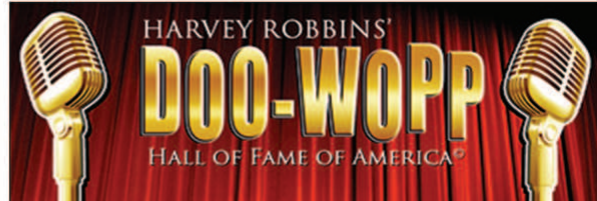
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# Keeping seniors company can keep them healthy

By ANNA GORMAN  
KAISER HEALTH NEWS

Emil Girardi moved to San Francisco on New Year's Eve in 1960. He loved everything about the city: the energy, the people, the hills. And, of course, the bars, where he mixed drinks for most of his adult life.

About 10 years ago, the 83-year-old New York native had a stroke and collapsed on the sidewalk near his Nob Hill home. Everything changed.

"I didn't want to go out of the house," Girardi said, adding that he only felt comfortable "going from the bedroom to the dining room."

He started to fear the city's streets — and growing older.

An out-of-state friend worried about his isolation and called a San Francisco-based nonprofit called Little Brothers — Friends of the Elderly. The organization works

to relieve isolation and loneliness among the city's seniors by pairing them with volunteers.

Little Brothers matched him with Shipra Narruhn, a computer software trainer who became involved with Little Brothers after her mother's death. The organization started in France after World War II and now operates in several U.S. cities, including Boston, Chicago and Philadelphia.

Cathy Michalec, the executive director of the San Francisco chapter, said that older adults often become less mobile as they age. Cities with hills, crowded streets and old housing stock are difficult for many seniors. That can lead to isolation and loneliness, she said.

"Those 50 stairs you used to be able to go up and down all the time, you can't go up and down all the time," Michalec said. "The streets are crowded and sometimes



Emil Girardi, 83, and Shipra Narruhn, 67, chat in Girardi's apartment. They were paired through a nonprofit called Little Brothers — Friends of the Elderly, which aims to relieve isolation and loneliness in seniors.

ANNA GORMAN/Kaiser Health News

unsafe. ... Sometimes, our elders say, it's easier to stay

in the house."

Across the nation, geriatricians and other health and social service providers are growing increasingly worried about loneliness among seniors like Girardi. Their concerns are fueled by studies showing it is linked to serious health problems.

Research shows older adults who feel lonely are at greater risk of memory loss, strokes, heart disease and high blood pressure. The health threat is similar to that of smoking 15 cigarettes a day, according to AARP. Researchers say that loneliness and isolation are linked to physical inactivity and poor sleep, as well as high blood pressure and poor immune functioning.

A 2012 study showed that people who felt lonely — whether or not they lived with others or suffered from depression — were at heightened risk of death. It also showed that 43 percent of people over 60 felt lonely.

"If someone reports feeling lonely, they are more likely to lose their independence, and they are at greater risk of dying solely

from being lonely," said Carla Perissinotto, a geriatrician and researcher at the University of California, San Francisco, who did the study.

Perissinotto said that there are many causes of loneliness, including illness, hearing loss or life changes such as retirement or the loss of a spouse.

"The usual social connections we have in younger life end up changing as we get older," she said.

At first, Narruhn, 67, said that she and Girardi would just visit at his apartment. She'd tell him about her travels and her adult daughter. He'd tell her about his adventures in San Francisco. He described what the city was like for a young gay man and told her about the friends he had lost to AIDS. They talked about music, books and cooking.

"I could tell from talking to him that he had a lot of interests," she said. "At one time, he was very sociable."

Narruhn started bringing him music from Italy, India and Mexico. Girardi liked the ones he could snap his fingers to. Finally, Narruhn

persuaded him to go out to lunch and to visit a hidden, tile-covered staircase in San Francisco with her.

"Shipra came to see me and came to see me and came to see me," he said. "Finally, she said, 'You have to get out of the house.'"

Soon, they were going to jazz shows, on walks and to the park. Narruhn said she invited him to do eclectic things with her — chakra cleansings, Reiki healing sessions — and he was always game. Over time, his fear subsided. So did his loneliness.

"After she took me out of the house, then I didn't want to stop," Girardi said.

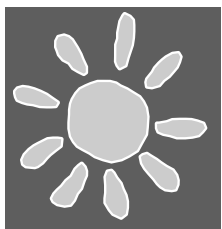
There isn't much research on programs like Little Brothers. But Perissinotto said they can help seniors build new social connections. Other efforts to address loneliness include roommate-matching services in various states and, in the United Kingdom, a hotline.

"Maintaining connections, that touchy-feely thing, is actually really important," Perissinotto said. "It's hard to measure, it's hard to quantify, but there is something real. Even though we don't have the exact research, we have tons of stories where we know it's (had) an effect in people's lives."

AARP Foundation also recently launched a nationwide online network to raise awareness about social isolation and loneliness among older adults. The network, Connect2Affect, allows people to do a self-assessment test and reach out to others feeling disconnected.

AARP, the Gerontological Society of America and other organizations are hoping to help create more understanding of isolation and loneliness and to help lonely seniors build more social connections.

"Loneliness is a huge issue we don't talk enough about," said Charlotte Yeh, chief medical officer of AARP. "There is a huge stigma."



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# Annual health exams are key to staying healthy

Annual health exams are a key component of maintaining a healthy lifestyle. A person may not see the need to visit the doctor if he or she is feeling well, but not every disease or condition manifests itself in a way that men and women can detect. According to the Unity Point Clinic, nearly one-third of the 133 million Americans living with a chronic disease are unaware of the presence of their conditions. Routine physical exams can detect serious illnesses before they do much damage.

No two physical exams will be exactly alike, but many will share some general features.

## Health history

A crucial element of a physical exam will include a thorough health history if the physician doesn't already have one on file. The doctor will take time to ask

questions about family history of illness, health habits, any vices (smoking, drinking alcohol, etc.), exercise schedule and diet. If there is a possible hereditary health condition running through your family, the doctor may suggest certain testing and make note of potential signs to look for in the future.

## Current ailments

After discussing a patient's history, the doctor may ask if they are having any problems they cannot explain. These can include changes in eating or sleeping patterns; aches and pains; lumps or bumps; and other abnormalities. Again, the presence of symptoms may be indicative of illness or physical changes, but not all diseases produce obvious symptoms.

## Vital signs

A doctor will check a patient's vital signs during

the physical. Areas the doctor will look at include but are not limited to:

■ **Heart rate:** This measures the speed at which the heart is pumping. Normal resting heart rate values range from 60 to 100 beats per minute.

■ **Blood pressure:** A blood pressure cuff (sphygmomanometer) will measure systolic and diastolic pressure. Systolic pressure measures the force with which the blood is pushing through the arteries. The diastolic blood pressure is the pressure in the arteries between beats, when the heart rests. The systolic (top number) should be below 120, while the bottom should be less than 80, according to the Mayo Clinic.

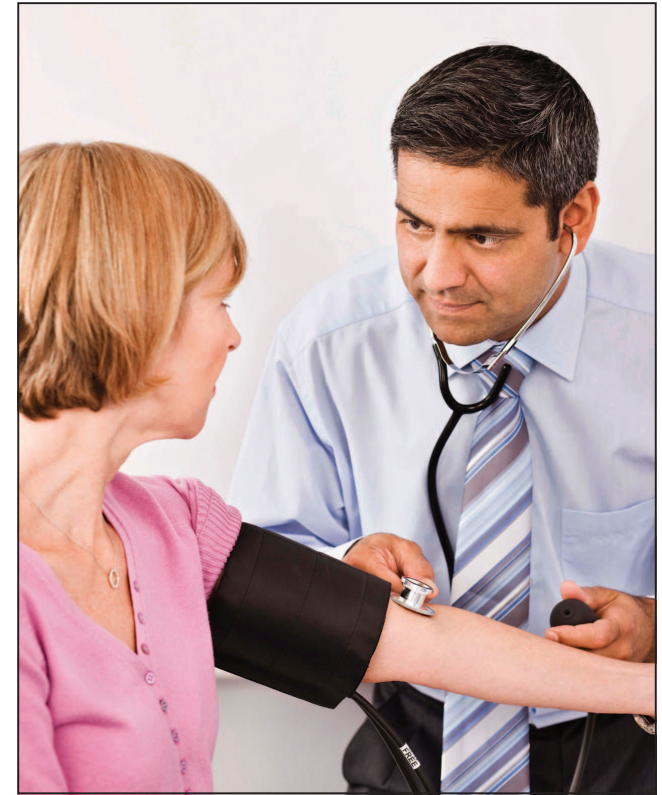
■ **Respiration rate:** The doctor will measure the number of breaths taken in a minute. WebMD says that between 12 and 16 breaths per minute is normal for a healthy adult. Breathing more than 20 times

per minute can suggest heart or lung problems.

■ **Pulse oximetry:** Johns Hopkins School of Medicine says pulse oximetry is a test used to measure the oxygen level (oxygen saturation) of the blood. It is a measure of how well oxygen is being sent to the parts of your body furthest from your heart. Normal pulse oximeter readings usually range from 95 to 100 percent. Values under 90 percent are considered low.

## Physical exam

The examination will also include physical components. The doctor will perform a visual inspection of the skin and body for any abnormalities, such as the presence of skin cancer. The physician may feel the abdomen to check that internal organs are not distended. Females' physical examinations may include breast and pelvic exams.



A doctor will check a patient's vital signs during a physical.



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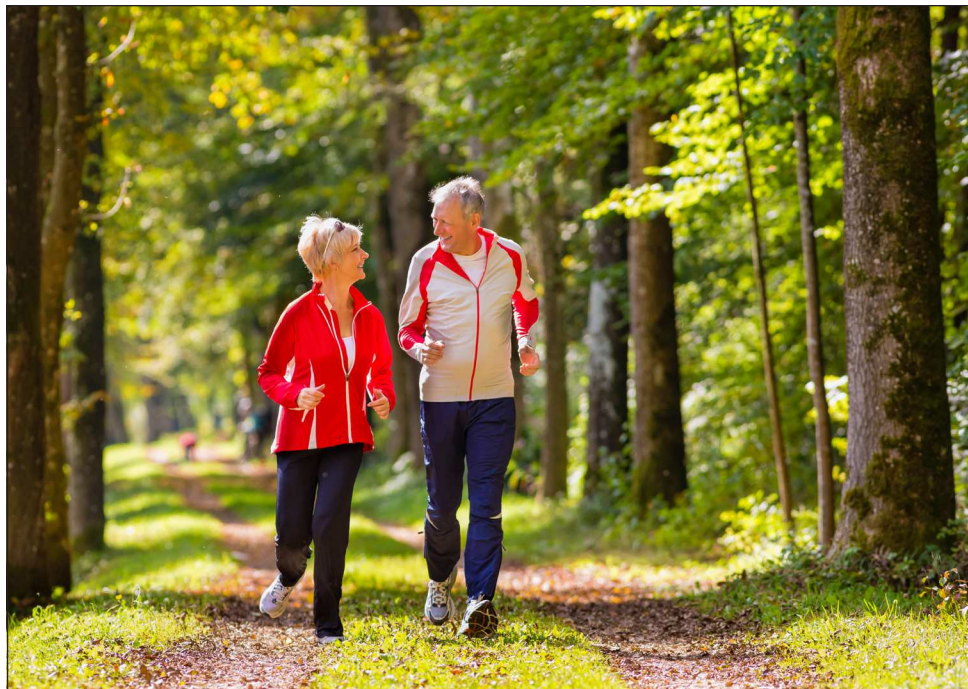
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Try exercising with a partner, whether it's a spouse or a friend who is physically active.

## Pursue a healthy lifestyle, injury free

Exercise is an important component of a healthy lifestyle. Daily exercise can improve mood, promote an active lifestyle and reduce a person's risk for a host of ailments, including diabetes and heart disease.

Despite the importance of exercise, many people live sedentary lifestyles into their golden years. Seniors who want to embrace a healthier way of life and get more physically active should first consult with their physicians before beginning an exercise regimen. Certain medications may limit just how far seniors can push themselves, while preexisting conditions may make specific types of exercise off limits. After discussing their limitations with their physicians and developing a safe exercise routine, seniors can heed the following tips to avoid injury but still get healthy.

■ **Pick a partner.** Whether it's a spouse or a friend who is physically active or wants to be, try exercising with a

partner, at least initially. Doing so can provide the motivation you need and partners can serve as safety nets should you need assistance completing an exercise or suffer an injury and require medical attention. Personal trainers can serve as your partner, and many gyms offer discounts to seniors on personal training services.

■ **Start slow.** Seniors who have not been physically active for some time should take a gradual approach to exercise. Instead of heading right for the treadmill, exercise bike or elliptical machine, start walking every day. When it rains, find a treadmill you can walk on. The American Academy of Orthopaedic Surgeons recommends seniors begin by determining how many steps they can take in a day and then gradually working toward 10,000 to 15,000 steps per day. Utilize step counting apps on your smartphone to track your progress. Apply the same slow approach

to strength training exercises, lifting only very light weights at first before gradually increasing weight as your body acclimates to the exercises.

■ **Stretch.** Bodies that have been inactive for lengthy periods of time are inflexible, and lack of flexibility increases your risk for injury. The AAOS recommends that seniors warm up their bodies before stretching with five to 10 minutes of low-intensity activity such as walking. Then stretch gently, remembering to relax and breathe during each stretch.

■ **Switch things up.** When strength training, do not work the same muscle group two days in a row. Muscles need time to recover. If you prefer circuit strength training where you exercise various muscle groups in one day, do not strength train on back-to-back days, leaving at least one day in between strength training sessions so muscles have ample time to recover.

# Protect your joints now to prevent pain later



Swimming is a great workout that can alleviate pain and reduce stress on the joints. Swimmers already experiencing pain should swim in heated pools.

Joints play vital roles in the human body, forming the connections between bones and facilitating movement. Damage to the joints can be especially painful, and that damage may result from conditions such as osteoarthritis or gout.

While not all joint pain is debilitating, the discomfort of joint pain is such that it's wise for adults to take steps to protect their joints with the hope of preventing joint pain down the road. Recognizing that joint pain can negatively affect quality of life, the Arthritis Foundation offers the following joint protection tips to men and women.

— **Forgo fashion with regard to footwear.** When women choose their footwear, fashion should not be their top priority. According to the Arthritis Foundation, 3-inch heels stress the feet seven times more than 1-inch heels, and heels put additional stress on knees, possibly increasing women's risk for osteoarthritis. Though heels may be fashionable, the risk of

developing joint pain is not worth making the fashion statement.

— **Get some green in your diet.** A healthy diet pays numerous dividends, but many may not know that a healthy diet can help prevent joint pain. Green vegetables such as spinach, broccoli, kale and parsley are high in calcium and can reduce age-related bone loss, while also slowing cartilage destruction.

— **Shed those extra pounds.** If you start including more healthy vegetables in your diet, you might just start to lose a little weight as well. Such weight loss also can help your joints, as the foundation notes that every extra pound a person gains puts four times the stress on his or her knees. The foundation also points to research showing that losing as little as 11 pounds can reduce a person's risk of osteoarthritis of the knee by 50 percent.

— **Hit the pool.** Swimming is a great full-body workout and can be especially helpful to the joints. The buoyancy of water supports

the body's weight, reducing stress on the joints and minimizing pain as a result. If possible, swimmers already experiencing pain should swim in heated pools, which can help relieve pain. While you can still benefit from swimming in pools with colder temperatures, cold water may not soothe the joints like warm water can.

— **Take breaks at work.** Many people develop joint pain from their jobs. If you spend all day sitting at a desk or standing on your feet, try to find a greater balance between the two. Joints can grow stiff from sitting all day, while standing throughout your work day can stress the joints. Take a short break every 30 minutes to stand up and walk around if you spend most of your day at a desk. If you stand a lot at your job, stop to sit down for a few minutes once every half hour.

Joint pain and aging do not have to go hand in hand. More information about joint pain is available at [www.arthritis.org](http://www.arthritis.org).



# Stairway injuries can be prevented with simple planning

Stairs are a necessity in many homes. While they serve a practical purpose, stairs also have the potential to be dangerous.

According to the National Safety Council, more than 1 million injuries result each year from stairway falls. Staircase and stairway accidents constitute the second leading cause of accidental injury, second only to motor vehicle accidents. Each year, there are 12,000 stairway accident deaths. The Canadian Mortgage and Housing Corporation states that a large portion of Canadians who visit hospitals after a fall on or from stairs or steps in their homes are seniors (men and women age 65 years or older).

However, many stairway falls can be prevented with some simple planning.

■ **Install sturdy handrails.** A common contributor to stairway falls is a failure to use handrails. Sturdy handrails

can decrease fall rates. Even if a person slips, he or she may be able to prevent the fall by grabbing on to the handrails and regaining some of his or her balance.

■ **Rely on highlighters or friction strips.** According to a study titled "Safety on stairs: Influence of a tread edge highlighter and its position" by Richard J. Foster, fall risk may be reduced by using a highlighter positioned flush with the tread edge. This helps make stairs more visible, particularly for those with impaired vision.

■ **Improve lighting on staircases.** Failure to see steps may contribute to falls as well. Staircases should be well lit so that residents and guests know where to step. Subtle foot-level lighting can be installed to make it easier for people who frequently use steps at night.

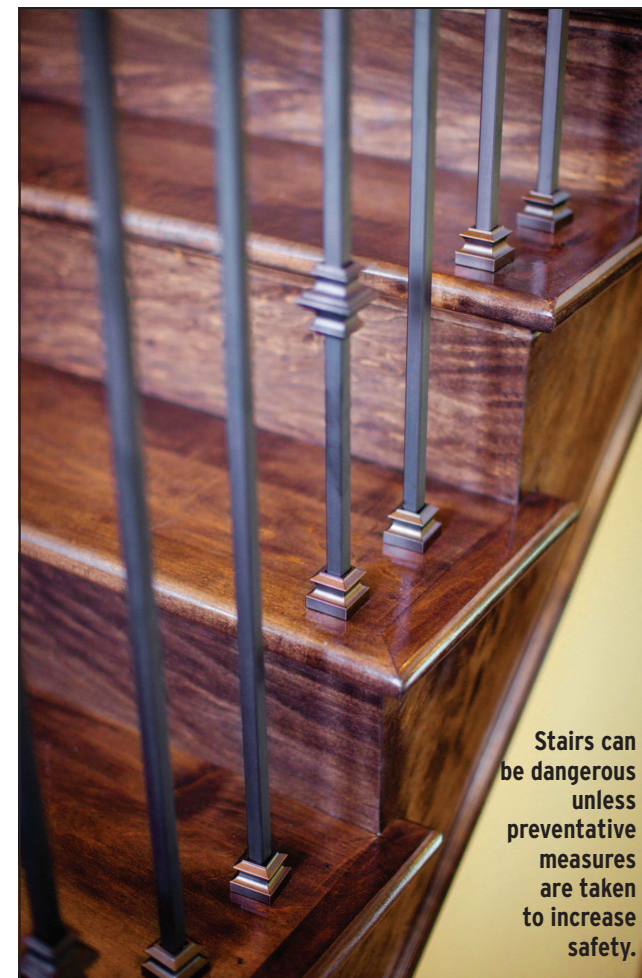
■ **Use slip-resistant materials.** Slip-resistant surface material acceptable for normal floors should work on stair treads. Loose rugs should not

be placed at the top or bottom of the landing. Outdoors, rough finishes are recommended, particularly on stairs that are subject to getting wet.

■ **Improve step geometry.** If slips and falls frequently occur on a particular staircase, consider the relationship between the rise and the run, advises the Canadian Centre for Occupational Health and Safety. The National Building Code of Canada says that, within a staircase, treads should have a uniform run and tread depth that does not vary more than 0.5 to 1 centimeter. Steep steps with high risers and/or short treads can increase the risk of falls.

■ **Clear away clutter.** One easy way to prevent falls is to keep stairs free of clutter. This means removing shoes, toys and other belongings that may be left on stairs or landings.

Many falls on stairs can be prevented by being mindful of certain risk factors.



Stairs can be dangerous unless preventative measures are taken to increase safety.

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# PROTECT YOUR RIDE



Vehicle theft remains a problem even as technology has done much to prevent it.

## Steps to make your vehicle less vulnerable to theft

Vehicle theft is something few people imagine happening to them. Until it does. While many motorists may think technology has done wonders to curb vehicle theft, the National Highway Traffic Safety Administration notes that a motor vehicle is stolen every 46 seconds in the United States.

Auto theft is sometimes mistaken as a victimless crime. After all, insured motorists are typically reimbursed for stolen vehicles, and drivers whose cars are returned after being stolen can simply submit a claim to have any damages paid for by their insurers. But this characterization of auto theft is untrue, as all motorists, whether their car's been stolen or not, pay for auto theft. The Insurance Bureau of Canada notes that each year auto theft costs Canadians roughly \$1 billion. That figure includes the \$542 million insurers pay to fix or replace stolen vehicles each year.

Those costs are ultimately passed on to customers, who then indirectly pay for the actions of car thieves.

Curbing auto theft is not necessarily the job of drivers, but there are things motorists can do to reduce the likelihood that their car will be stolen by opportunistic thieves.

■ **Avoid keyless ignition systems.** Drivers who live in areas that are vulnerable to auto theft may want the peace of mind that comes with traditional keyed ignition systems instead of the more modern and flashy keyless ignition systems. While vehicles with keyed ignition systems are stolen every day, some thieves may find it easier and quicker to steal cars or trucks with keyless ignition systems. Thieves can copy keys used in traditional ignition systems, but that process may require access to the original key and tends to take longer than it takes for thieves to reprogram keyless ignition systems

once they're inside a car. Reprogramming devices are not legal, but they are available and can be used to shut off automobile alarm systems in a matter of seconds.

■ **Lock your vehicle at all times.** One of the simplest ways to protect a vehicle from prospective thieves is to always lock the windows and doors, even when you're inside the vehicle. Auto thieves like things to go quickly and smoothly, and locked doors and rolled up windows only complicate things for them. Get in the habit of locking the vehicle when you're driving, as unlocked doors make it easier for carjackers to surprise unsuspecting motorists.

■ **Park smart.** Some motorists like to park far away so their vehicles are not at risk of being dinged or scratched by inattentive drivers and passengers getting into and out of nearby vehicles. Others may simply not have the patience to find parking spots in well-lit areas close to home

or storefronts. But thieves may target vehicles parked nowhere near foot or automobile traffic. Always park in parking garages or other well-lit areas, which deter thieves from breaking in and driving away with your vehicle.

■ **Etch the VIN onto your windows.** Car thieves are not in the auto theft business so they can build a fleet of stolen cars. Upon stealing a car, many car thieves head right for a chop shop, which is a place where stolen cars are disassembled and then sold for parts. By etching the VIN, or vehicle identification number, of your car or truck on your vehicle's windshield or windows, you may be making your car less attractive to prospective thieves and the chop shops they do business with.

Vehicle theft remains a problem even as technology has done much to prevent it. But drivers can take steps to reduce their risk of being victimized by car thieves.

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# How seniors can simplify everyday tasks

The ability to perform everyday tasks is something many people take for granted. But as men and women approach or exceed retirement age, many may start to struggle with chores and tasks they have performed for decades.

Physical limitations are a common side effect of aging. But such limitations do not have to prove too big a hurdle for seniors to clear. In fact, there are many ways for seniors to simplify everyday tasks while maintaining their independence.

## Embrace technology

Even the proudest Luddites cannot deny technology's potential to make seniors' lives easier. Seemingly simple tasks, like shopping for groceries and vacuuming a home, can be difficult for seniors with dwindling or limited mobility. But seniors with internet

access in their homes can order their groceries online and then pick them up in-store or have them delivered, saving them the trouble of walking around the store. With regard to vacuuming, autonomous vacuum cleaners have removed the need to use traditional vacuum cleaners. Certain autonomous vacuums employ sensors to detect dirty spots on the floor, and these vacuums can even be programmed to clean the home while residents are out of the house.

## Upgrade bathrooms

Tasks associated with personal hygiene also tend to be taken for granted until they become difficult. But a few simple bathroom alterations can help seniors safely navigate the bathrooms in their homes so they can maintain their personal hygiene without



Tasks like shopping can be made easier for seniors with the use of technology.

fear of injury. Grab bars can be installed on shower walls so seniors can safely get in and out of their showers and bathtubs. Such bars are both effective and inexpensive, and some do

not even require any drilling to install. Specialty grab bars, tub grips and tub transfer benches are just a few additional products that can make bathing easier for seniors who have lost or are

starting to lose some of their physical strength.

## Downsize

Whether downsizing to a smaller home or simply downsizing a lifestyle, seniors may find that living smaller is akin to living simpler. Empty nesters may find they no longer need several bedrooms in their homes, and moving into smaller homes can reduce their daily workloads while also clearing out clutter that can make performing everyday chores more difficult. Men and women accustomed to hustle and bustle may also find that cutting back on professional and/or personal commitments gives them more energy for everyday activities while enriching the commitments they continue to maintain.

Aging men and women can employ various strategies to simplify their lives and

maintain their independence well into their golden years.

## Get 'smart' on the road

Seniors who are experiencing mild difficulty driving can make getting about town that much easier by plugging their smartphones into their vehicles or making use of the various apps that have become standard in modern vehicles. For example, the maps app on a smartphone can be connected to a car and direct seniors to their destinations, saving them the trouble of remembering all the ins and outs of how to get a particular destination. Seniors also can employ apps to help them find their vehicles should they forget exactly where they parked in crowded parking lots. Such apps can increase seniors' comfort levels on the road while helping them maintain their independence.

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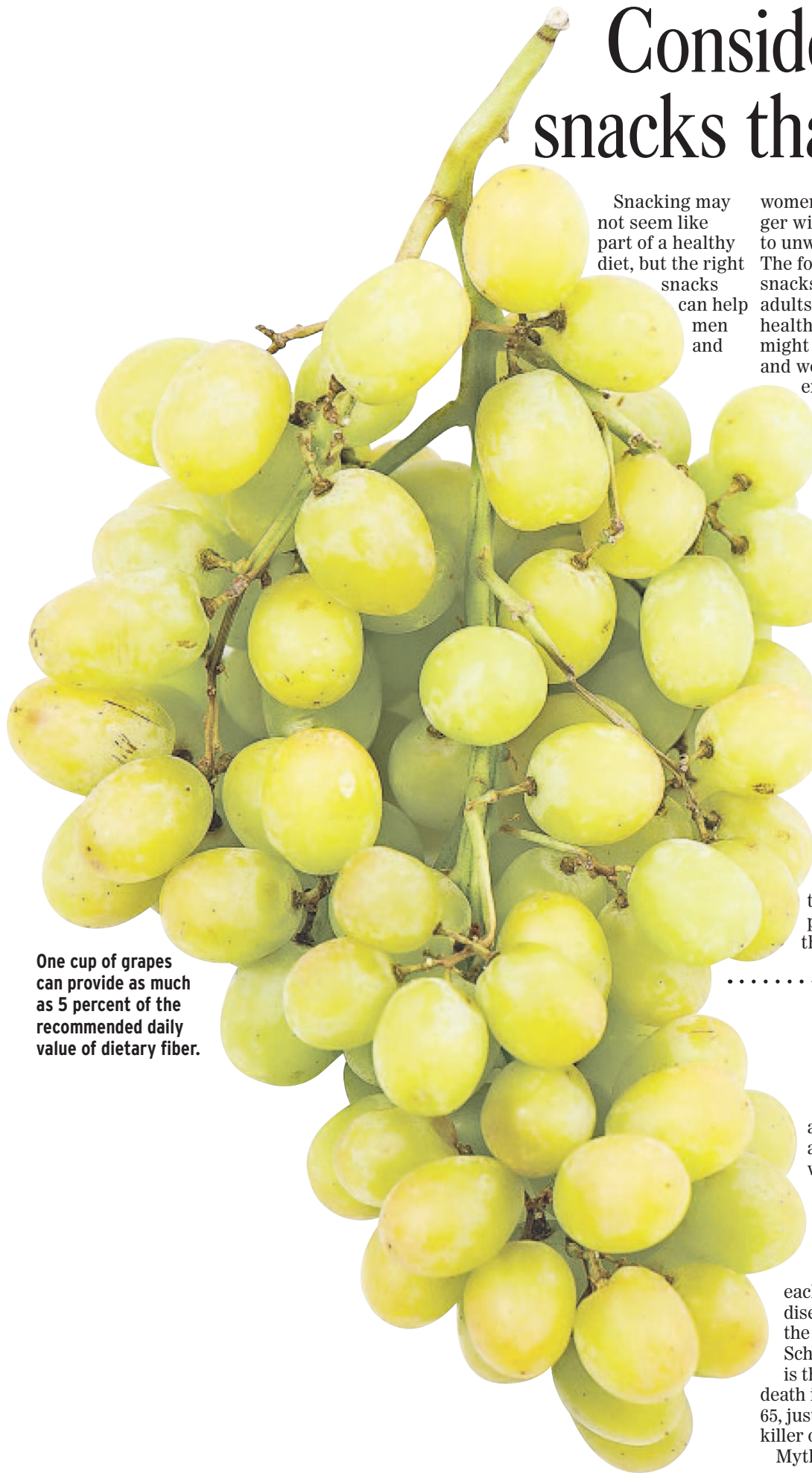
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# Consider these low-calorie snacks that stray from the norm



One cup of grapes can provide as much as 5 percent of the recommended daily value of dietary fiber.

Snacking may not seem like part of a healthy diet, but the right snacks can help men and

women fight midday hunger without contributing to unwanted weight gain. The following low-calorie snacks won't compromise adults' efforts to maintain healthy weights, and they might prove useful as men and women look for that extra boost during the day.

**1. Popcorn:** Popcorn is low in calories and a good source of dietary fiber. Popcorn also is high in polyphenols, which are antioxidants that have been linked to reductions in heart disease and certain cancers. Air-popped popcorn that is prepared without any oil is your best option, as a cup of such popcorn may only add up to about 30 calories. Avoid adding salt or butter or purchasing premade popcorn that is heavy on both,

as both ingredients can compromise the health benefits of popcorn.

**2. Nonfat Greek yogurt:** Though it's not as low in calories as popcorn, nonfat Greek yogurt is still a low-calorie snack that's high in protein. Nonfat Greek yogurt may have as much as two times the amount of protein as traditional yogurts, and that's beneficial because protein helps you feel full longer, which should help you maintain a healthy weight and avoid overeating. Nonfat Greek yogurt also tends to have less sugar than traditional yogurts, and its creamy texture gives many people the impression that they are eating something decadent.

**3. Hummus:** Made primarily from ground chickpeas, hummus is a protein- and fiber-rich snack that has been linked to a host of health benefits, including a reduced risk for heart disease and certain types of cancers. Dip vegetables such as baby carrots into

hummus, and you'll have a low-calorie snack that's also high in vitamin A and beta carotene.

**4. Pistachios:** Many people might read the labels of pistachios and be turned off by the fat content. But pistachios are low in saturated fat and high in protein, and a couple dozen pistachios may only amount to about 95 calories. Eat pistachios raw and do not add salt, which can negate their health benefits.

**5. Grapes:** Grapes might not be as popular as potato chips or other widely available snacks, but they are great sources of vitamin K and are loaded with antioxidants. Grapes are loaded with water, making them a filling snack that can help men and women avoid dehydration. According to the U.S. Food and Drug Administration, 1 cup of grapes can provide as much as 5 percent of the recommended daily value of dietary fiber, despite containing just over 100 calories.

## Did you know?

Heart disease can affect just about anyone. While it was once widely and mistakenly considered a man's disease, since 1984, more women than men have died each year from heart disease. According to the Harvard Medical School, heart disease is the leading cause of death in women over age 65, just as it's the leading killer of men.

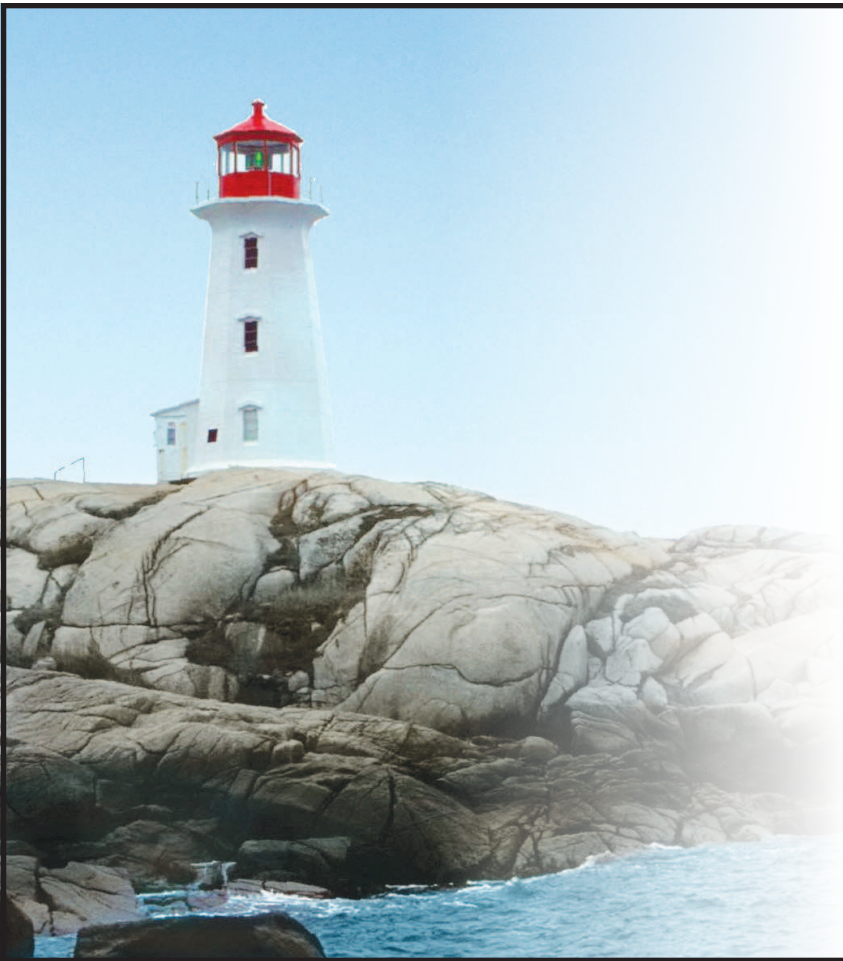
Myths abound with



regard to heart disease and heart attack risk. One such myth that prevails is that a

person who has heart disease should avoid all exercise. However, cardiologists advise that physical activity can help to strengthen the heart, which will improve blood flow to the brain and internal organs.

Those who want to exercise should speak with their doctors about which types of exercise are right for them. In the interim, begin with some low-intensity walking, as this is usually a safe, low-impact way to improve personal health.



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# How to make a home user friendly for

By JUDITH GRAHAM  
KAISER HEALTH NEWS

When Dan Bawden teaches contractors and builders about aging-in-place, he has them get into a wheelchair. See what it's like to try to do things from this perspective, he tells them.

That's when previously unappreciated obstacles snap into focus.

Bathroom doorways are too narrow to get through. Hallways don't allow enough room to turn around. Light switches are too high and electrical outlets too low to reach easily. Cabinets beneath a kitchen sink prevent someone from rolling up close and doing the dishes.

It's an "aha moment" for most of his students, who've never actually experienced these kinds of limitations or

realized so keenly how home design can interfere with or promote an individual's functioning.

About 2 million older adults in the U.S. use wheelchairs, according to the U.S. Census Bureau; another 7 million use canes, crutches or walkers.

That number is set to swell with the aging population: Twenty years from now, 17 million U.S. households will include at least one mobility-challenged older adult, according to a December report from Harvard University's Joint Center for Housing Studies.

How well has the housing industry accommodated this population?

"Very poorly," said Bawden, chair of the remodelers division at the National Association of Home Builders and

president of Legal Eagle Contractors in Bellaire, Texas. "I give them a D."

Researchers at the Harvard center found that fewer than 10 percent of seniors live in homes or apartments outfitted with basic features that enhance accessibility notably, entrances without steps, extra-wide hallways or doors needed for people with wheelchairs or walkers.

Even less common are features that promote "usability" carrying out the activities of daily life with a measure of ease and independence.

Laws that guarantee accessibility for people with disabilities go only so far. The Americans with Disability Act applies only to public buildings. And while the Fair Housing Act covers



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Thanks to his handicapped-accessible sink, this man is able to sit in his wheelchair while he shaves.



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# seniors using wheelchairs or walkers

apartments and condominiums built after March 1991, its requirements aren't comprehensive and enforcement is spotty.

We asked several experts to describe some common issues mobility-challenged seniors encounter at home, and how they can be addressed. The following list is what they suggested may need attention and has suggested alterations, but is not comprehensive.

■ **Getting inside.** A ramp will be needed for homes with steps leading up to the front or back door when someone uses a wheelchair, either permanently or temporarily. The estimated price for a five-to-six foot portable nonslip version: \$500 to \$600.

You'll want to take out the weather strip at the bottom of the front door and replace it with an automatic

door bottom. "You want the threshold to be as flat as the floor is," Bawden said. Consider installing an electronic lock that prevents the need to lean in and insert a key.

■ **Doors.** Getting through doorways easily is a problem for people who use walkers or wheelchairs. They should be 34 to 36 inches wide to allow easy access, but almost never are.

Widening a doorway structurally is expensive, with an estimated cost of about \$2,500. A reasonable alternative: swing-free hinges, which wrap around the door trim and add about 2 inches of clearance to a door.

■ **Clearance.** Ideally, people using wheelchairs need a five-foot-wide path in which to move and turn around, Bawden said. Often that requires getting rid of

furniture in the living room, dining room and bedroom.

Another rule of thumb: People in wheelchairs have a reach of 24 to 48 inches. That means they won't be able to reach items in cabinets above kitchen counters or bathroom sinks.

Also, light switches on walls will need to be placed no more than 48 inches from the floor and electrical outlets raised to 18 inches from their usual 14 inch height.

■ **Lighting.** Older eyes need more light and distinct contrasts to see well. A single light fixture hanging from the center of the dining room or kitchen probably won't offer enough illumination.

You'll want to distribute lighting throughout each room and consider repainting walls so their colors contrast sharply with your floor materials.

"If someone can afford it, I put in recessed LED lights in all four corners of the bedroom and the living room and install closet rods with LED lights on them," Bawden said. LED lights don't need to be changed as often as regular bulbs.

■ **Kitchen.** Mark Lichter, director of the architecture program for Paralyzed Veterans of America, recommends that seniors who use walkers or wheelchairs take time in the kitchen of a unit they're thinking of moving into and imagine preparing a meal.

Typically, cabinets need to be taken out from under the sink, to allow someone with a wheelchair to get up close, Lichter said. The same is true for the stovetop: The area underneath needs to be opened and control panels need to be in front.

Refrigerators with

side-by-side doors are preferable to those with freezer areas on the bottom or on top. Slide out full-extension drawers maximize storage space, as can lazy Susans in the corner of bottom cabinets.

■ **Laundry.** Get a side-by-side front-loading washer and drier to allow for easy access, instead of machines that are stacked on top of each other.

■ **Bathroom.** When Jon Pynoos' frail father-in-law, Harry, who was in his 80s, came to live in a small cottage in back of his house, Pynoos put in a curbless shower with grab bars and a shower seat and a handheld shower head that slid up and down on a pole.

Even a relatively small lip at the edge of the shower can be a fall risk for someone whose balance or movement is compromised.

Also, Pynoos, a professor of gerontology, public policy and urban planning at the University of Southern California, installed nonslip floor tile and grab bars around a "comfort height" toilet.

Cabinets under the sink will need to be removed, and storage space for toiletries moved lower. A moveable toilet paper holder will be better than a wall-based unit for someone with arthritis who has trouble extending an arm sideways.

"It really wouldn't take much effort or expense to design homes and apartments appropriately in the first place, to make aging-in-place possible," Pynoos said. Although "this still doesn't happen very often," he noted that awareness of what's required is growing and well-designed, affordable products are becoming more widely available.



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## Ask the Expert #9: IRA, 401(k), 403(b), 457, and Pension Corner



Thomas T. Riquier, a CERTIFIED FINANCIAL PLANNER™ professional and President of The Retirement Financial Center, has been helping people with financial questions for more than 46 years. Tom is a member of Ed Slott's Master Elite IRA Advisor Group™



### DEAR TOM: Do you have any IRA, 401(k), or 403(b) suggestions for 2017?

**ANSWER:** Absolutely! With more than 10,000 people retiring each day, it is essential to take the time to review your financial situation with a CERTIFIED FINANCIAL PLANNER™ professional and to consider ways to increase your retirement assets and income. Here are five top 2017 financial resolutions:

**1. Don't Wait.** Thinking about making an IRA contribution? You have until the tax-filing deadline including extensions to get it done. This means you can still make your 2016 IRA contribution anytime until April 18, 2017. While you are at it, why not consider making your contribution for 2017 at the same time? Making your contributions early can make a surprising difference in the amounts you will have accrued in your IRA when you reach retirement. Also increase your contribution percentage you are putting into any 401(k) or 403(b) where you work.

**2. Consider a Conversion.** Anyone with a traditional IRA can convert that IRA to a Roth IRA. Does that mean everybody should? No, but it is worth it to at least go through an analysis of whether a conversion is right for you. Each year your tax situation may be different. A conversion may not have made sense in 2016 but maybe it does in 2017 with President Trump's proposed income tax bracket reductions. This may be the year that the trade-off of paying taxes now for future tax-free Roth IRA earnings makes sense.

**3. Make the Right Moves.** Not happy with your current IRA, 401(k), or 403(b) investments? Changing investments may make sense, but if 2017 is your year to move be sure to make your move the right way. Use a trustee-to-trustee transfer and have your retirement funds move directly if you are choosing new investments with a new IRA custodian. Avoid having the funds paid to you. Direct transfers avoid lots of hassles like the 60-day rollover rule and the once-per year rollover rule.

**4. Review your Beneficiary Designation.** There is one form that you can use to control the fate of your IRA, 401(k), and 403(b) after your death. That is the Beneficiary Designation Form. If you want to be sure that your hard-earned retirement savings end up in the right hands you will want to be sure that this form is up-to-date and safely in the hands of the Plan custodian. Spend some time in 2017 checking this form to be sure that it accurately reflects your current wishes and be sure to list primary and contingent beneficiaries.

**5. Watch for New Rules.** The tax rules, including the IRA, 401(k), 403(b) rules, are always changing. Every year brings new twists but 2017 is likely to bring more changes than usual. A new administration and change of control in Congress will likely have a big impact on your retirement funds. Stay tuned for the changes ahead.

### DEAR TOM: Should I reconsider naming my trust as my IRA beneficiary?

**ANSWER:** IRAs have been around for decades. You may have had your IRA for years. Maybe many years ago, when you established your IRA, you named a trust as the beneficiary and haven't thought a lot about it since. You likely spent both time and money drafting the trust and were careful to name the trust on your IRA beneficiary form. Here are some reasons why it might be worth reconsidering that decision.

**1. Your estate planning needs have changed.** The federal estate tax exemption is much higher now than in previous years. Portability is now available for the estate tax for married couples. These changes mean that the federal estate tax is now a concern for a very small percentage of estates. If you named a credit shelter trust as your IRA beneficiary as part of an estate tax planning strategy when the exemption was much lower, you may no longer need that trust.

**2. You never really needed a trust.** Think back. Why did you name your trust as your IRA beneficiary? Was there a good reason? "My attorney told me to" is not enough. After a little investigation and thought you may now decide that you never really needed a trust in the first place.

**3. You did need a trust but your situation has changed.** Maybe you had good reason to name a trust but now the situation has changed. Perhaps the trust was set up for a minor child and that child has now grown up. Time passes quickly, and the trust which was once a good strategy is now no longer needed.

**4. Trusts add another area of complexity to an area that is already complicated enough.** Trusts offer control over your IRA assets after your death. While this may sound like a desirable thing to you, there is a tradeoff. Trusts are complicated and things get even more complex when they are named as IRA beneficiaries due to the special tax rules for IRAs. There are many ways to go wrong. It may be worth it to reconsider whether your objectives with a trust could be met with another strategy.

**5. Trust tax rates are high.** In 2017, for a married couple filing jointly, the 39.6% tax rate kicks in when taxable income exceeds \$470,700. For a trust, the 39.6% tax rate kicks in when trust taxable income exceeds only \$12,500! If income from the IRA will be taxable to your trust, that is a serious tax hit. This alone makes it worth it to at least ask the question of whether a trust is still the right choice as your IRA beneficiary.

**6. Your spouse wants a spousal rollover.** For many spouse beneficiaries, a spousal rollover to their own IRA is a good strategy. However, to use this strategy a spouse must be named outright as the beneficiary on the IRA.

**7. Making the Right Decision for You.** Are trusts the wrong IRA beneficiary for everyone? Absolutely not. For some, they are a powerful strategy. However, they do come with some downsides. That is why even if you named your trust as your beneficiary years ago, now may be the time to give some thought as whether that is still the right choice for you. If you are unsure, it is a good idea to discuss your situation with a knowledgeable advisor.

Email your IRA, 401(k), 403(b) questions to [ttriquier@unitedplanners.com](mailto:ttriquier@unitedplanners.com).

Source: Ed Slott & Company, LLC

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# Vietnam inspires a healthy chicken salad

BY THE CULINARY INSTITUTE OF AMERICA  
 Many of us strive to put the cookies behind us and make thoughtful food choices. But one surefire way to find yourself off track on a healthier eating plan is to fill your refrigerator with bland and boring foods.

Fresh fruits and vegetables and lean meats and proteins are important foundations for a well-balanced diet, but, on their own, they're not always a thrilling culinary experience.

If you need some inspiration to take your healthy dinners from fine to fabulous, look no further than our neighbors on the other side of the globe.

Vietnamese cuisine is regarded as one of the healthiest in the world, for its lean meats and proteins, fresh vegetables, and limited use of dairy. Vinegars, spicy chilies, and fragrant and flavorful herbs are characteristic of familiar Vietnamese dishes, like the banh mi sandwich and cold rice noodle bowls. Layered together, they elevate minimal ingredients like boiled chicken and raw carrots to create exciting recipes that can help you out of that boring salad slump.

This recipe for Hue chicken salad is the perfect dish for your healthier eating plan. Though it starts with a base of plain boiled or steamed chicken (don't stop reading), it's packed with bright and fresh flavors, and every bite is a new experience.

There may be some ingredients in this recipe you haven't used before, so take this opportunity to get to know them. Or, you can always replace them with more familiar ingredients.

Rau ram is a Vietnamese herb that can easily be substituted with cilantro,

and sambal is a spicy chili sauce that can be replaced by Sriracha or omitted entirely if spicy isn't your thing (in that case, don't add those Thai bird chilies either).

If you aren't familiar with fish sauce, allow us to make this exciting introduction. Fish sauce is a very common ingredient in southeast Asian cuisines made by extracting the liquid from salted fermented fish. Despite its strong aroma, the flavor of fish sauce almost disappears in a dish, becoming more of a seasoning than a distinct flavor. Culinary Institute of America chef Michael Pardus calls it "the duct tape of the kitchen" for its ability to repair any bland recipe.

This recipe recommends serving the chicken salad with rice for dinner, but it's also great used as a topper for salad greens, served with riced cauliflower or scooped over toasted whole-grain bread.

It is also the perfect make-ahead recipe, since its flavors will deepen in the refrigerator, and leftovers will make for a lunch you can really look forward to. Just be prepared for the longing looks from your co-workers with their boring salads.

## HUE CHICKEN SALAD

Start to finish: 20 minutes

SERVINGS: 4

You can use either poached or roasted chicken to make this salad. If you can't find rau ram, substitute an equal quantity of additional cilantro and mint. Vietnamese sambal is a fiery hot chili paste. You can substitute a good hot sauce if it cannot be found.

1/2 medium onion, sliced thin  
 1 1/2 pounds shredded cooked chicken meat  
 1/4 cup rau ram leaves, torn  
 1/4 cup mint leaves, torn  
 1/4 cup minced cilantro leaves and stems



Associated Press

This Hue chicken salad with crispy shallots is inspired by Vietnamese cuisine, considered among the healthiest in the world.

*There may be some ingredients in this recipe you haven't used before, so take this opportunity to get to know them. Or, you can always replace them with more familiar ingredients.*

1 Thai bird chili, thinly sliced  
 2 tablespoons lime juice  
 1 tablespoon peanut oil  
 1 tablespoon fish sauce  
 1 tablespoon Vietnamese sambal  
 2 teaspoons sugar, or as needed  
 Salt, as needed  
 Freshly ground black pepper, as needed  
 4 Boston lettuce leaves  
 2 cups steamed jasmine rice  
 1 red Fresno chili, sliced paper-thin  
 1/2 cup crispy shallots (optional), recipe follows

Combine the onion slices with enough cold water to cover, and refrigerate for

at least 30 minutes and up to 2 hours.

Combine the chicken, rau ram, mint, cilantro and Thai bird chili slices in a large bowl.

Drain the onion slices, and add them to the chicken. Add the lime juice, peanut oil, fish sauce and sambal to the salad, and toss gently until combined. Season to taste with sugar, salt and pepper.

Arrange the Boston lettuce on chilled plates. Top with the salad, and serve with the steamed rice and Fresno chili. Garnish with crispy shallots if desired.

## CRISPY SHALLOTS

Select a large, firm shallot with smooth skin. Use a sharp paring knife to trim away the ends and pull off the skin. Cut the shallot into thin slices, and separate them into rings. Plan on about 1/2 cup of sliced shallots to make enough garnish for 4 servings. That works out to about 1 large shallot.

Pour an inch of oil (canola, peanut or olive oils are all suitable) into a small, heavy-gauge saucepan. When it reaches 350 degrees, add the shallots

and fry, stirring them occasionally, until they have a rich, sweet aroma and a good brown color, usually about 5 minutes. Use a slotted spoon to lift the fried shallots from the oil.

Transfer them to a plate or bowl lined with paper towels. You can hold them at room temperature for up to 1 hour.

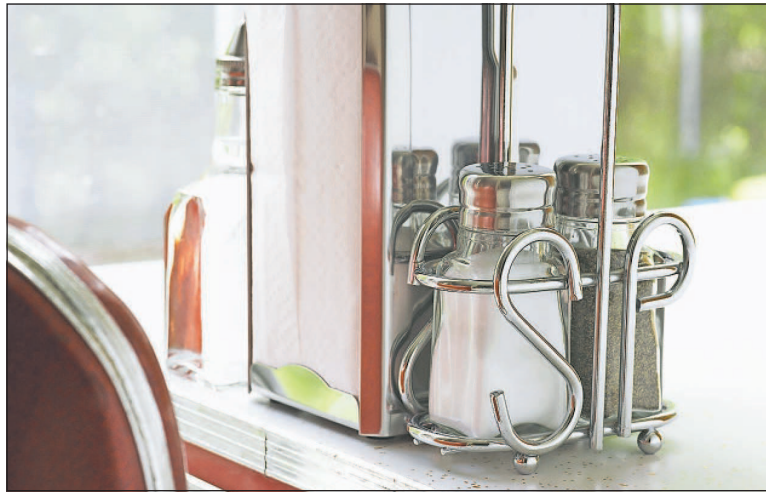
**Nutrition information per serving:** 321 calories; 52 calories from fat; 6 g fat (1 g saturated, 0 g trans fats); 55 mg cholesterol; 528 mg sodium; 41 g carbohydrate; 1 g fiber; 4 g sugar; 24 g protein.

# Cutting back on sodium can improve long-term health

Salt is widely relied on to give foods some added flavor. Many people may feel that unsalted foods are not as tasty as their salty counterparts, but it's important that people of all ages understand the threat that excessive sodium consumption poses.

According to the Harvard School of Public Health, kidney problems may result from excessive sodium consumption. In addition, the American Heart Association notes that excess sodium and salt in the body puts a person at risk for a host of ailments, including stroke, heart failure, stomach cancer and osteoporosis.

Cutting back on sodium should be a goal for anyone who hasn't already done so. But the Harvard School of Public Health notes that people over age 50, people who have high or slightly elevated blood pressure, diabetics and African Americans are at high risk of developing the health problems related to excessive sodium consumption. Because sodium is so prevalent, some people may think



Resisting the urge to sprinkle salt on meals when dining can help people reduce their sodium intake.

that cutting back on its consumption must be nearly impossible. However, there are some simple ways to cut back on sodium.

■ **Ask for low-sodium recommendations when dining out.** The AHA notes that the average person consumes 25 percent of his or her overall

sodium at restaurants. Some places now require restaurants to list total sodium content alongside offerings on their menus, and diners living in such areas should choose only those meals that are low in sodium. Diners who live in areas where sodium levels are

not listed on the menu can ask for low-sodium recommendations or if existing menu items can be prepared without sodium or with lower amounts of sodium.

■ **Read labels.** According to the AHA, 75 percent of the sodium in the average American diet comes from salt added to processed foods. Diners who have resolved to push away the salt shaker at the dinner table might still be exceeding their daily recommended sodium limits if they are eating prepackaged foods with high sodium levels. Food manufacturers use salt to give prepackaged foods longer shelf lives, so concerned diners should read labels before taking items home from the grocery store. The AHA recommends that adults consume no more than 1,500 milligrams of sodium per day, and shoppers should keep that in mind when reading labels and planning meals.

■ **Opt for low-sodium condiments.** Salt is not the only condiment on restaurant or kitchen tables

that can add flavor to a meal, but it's one of the few that can have a devastating effect on long-term health. Forgo table salt when sitting down at the dinner table and opt for low-sodium condiments instead. Balsamic vinegar, horseradish and the juice of a lemon each pack a flavorful, low-sodium punch.

■ **Read vegetable packages as well.** Shoppers who do not buy fresh vegetables from the produce aisle or farmer's market should read the packaging on canned or frozen vegetables to ensure their veggies are not being doused in salt. Some manufacturers may use salt to preserve canned and frozen veggies. Diners who do not have access to fresh vegetables or the time to buy fresh veggies each week should compare packaging on canned and frozen vegetables and choose the product with the lowest amount of sodium.

Sodium can make meals more flavorful, but cutting back on sodium intake can improve long-term health.

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\* Available at CareOne at Essex Park.



# Boost your energy levels with these 4 foods

Diet can go a long way toward increasing or lowering energy levels. No one wants to consume foods that will make it harder for them to get through the day. The following are a handful of foods that pack an energetic punch.

## Cashews

Cashews, which are high in magnesium, help to convert sugar into energy. Magnesium deficiency can lead to low energy levels, so nuts that are high in magnesium, including cashews, can provide that mid-afternoon jolt that some people are seeking. Cashews are high in calories, so it's best for those looking to lose weight or maintain healthy weights to adhere to serving suggestion guidelines.

## Skinless chicken

A study from researcher Judith Wurtman of the



FILE PHOTO

**Skinless chicken, like in this Mediterranean chicken and chickpea salad, helps in the production of both the neurotransmitter dopamine and the hormone norepinephrine, which tend to increase alertness.**

Massachusetts Institute of Technology Clinical Research Center found that alertness tends to increase when the brain produces the neurotransmitter

dopamine and the hormone norepinephrine. Skinless chicken contains an amino acid known as tyrosine that helps in the production of both dopamine and

norepinephrine. If skinless chicken is not available, other foods that may provide this same effect include fish, lean beef and eggs. In addition, lean meats like

skinless chicken contain enough vitamin B to help ease insomnia.

## Salmon

Omega-3 fatty acids can

help the body fight inflammation, which has been linked to a host of ailments, including chronic fatigue. Salmon is also high in protein, which can eliminate the mid- to late-afternoon hunger pangs that can derail healthy diets and contribute to weight gain.

## Beans

Beans are loaded with fiber, and that's a good thing for energy levels. Like magnesium, which can also be found in beans, fiber takes a while to digest, extending the energy-boosting properties of foods loaded with fiber. In spite of the growing movement to eat and live healthier, many adults still do not include enough fiber in their diets. Men and women can consult with their physicians to determine how to make that happen, but eating more beans is a good start.



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Options is a program of the Aging and Disability Resource Consortium of the Greater North Shore (ADRCGNS), a collaboration of aging services agencies and the ILCNSCA, working together to provide smooth access to information and services by all persons seeking long-term services and supports, regardless of age, disability, or income. ILCNSCA serves individuals of all ages, all disabilities, family members and caregivers through the Options Program and those living with significant disabilities through its Independent Living Program. We are here to guide you to live as independently as you choose through services and advocacy for an independent life.

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# Power of attorney protects loved ones

Life is full of the unexpected. But just because the future is unpredictable does not mean adults cannot prepare for what lies ahead. Estate planning is important, and establishing a power of attorney can be essential for men and women looking to protect their financial resources and other assets.

## What is power of attorney?

A power of attorney, or POA, is a document that enables an individual to appoint a person or organization to manage his or her affairs should this individual become unable to do so. According to the National Caregivers Library, POA is granted to an “attorney-in-fact” or “agent” to give a person the legal authority to make decisions for an incapacitated “principal.” The laws for creating a power of attorney vary depending



**A power of attorney is a key document to have in an estate plan.**

on where a person lives, but there are some general similarities regardless of geography.

## Why is power of attorney needed?

Many people believe their families will be able to step in if an event occurs that leaves them incapacitated and unable to make decisions for themselves.

Unfortunately, this is not always true. If a person is not named as an agent or granted legal access to financial, medical and other pertinent information, family members’ hands may be tied. In addition, the government may appoint someone to make certain decisions for an individual if no POA is named.

Just about everyone can

benefit from establishing an attorney-in-fact. Doing so does not mean men and women cannot live independently, but it will remove the legal barriers involved should a person no longer be physically or mentally capable of managing certain tasks.

## Power of attorney varies

Power of attorney is a broad term that covers various aspects of decision-making. According to the legal resource ‘Lectric Law Library, the main types of POA include general power of attorney, health care power of attorney, durable power of attorney and special power of attorney. Many

of the responsibilities overlap, but there are some subtle legal differences. Durable power of attorney, for example, relates to all the appointments involved in general, special and health care powers of attorney being made “durable.” This means the document will remain in effect or take effect if a person becomes mentally incompetent. Certain powers of attorney may fall within a certain time period.

## What is covered?

An agent appointed through POA may be able to handle the following, or more, depending on the verbiage of the document:

- Buying/selling property
  - Settling claims
  - Filing tax returns
  - Managing government-supplied benefits
  - Maintaining business interests
  - Making estate-planning decisions
  - Deciding on medical treatments
  - Selling personal property
  - Fulfilling advanced health care directives
- Although a power of attorney document can be filled out and an agent appointed on one’s own, working with an estate planning attorney to better understand the intricacies of this vital document is advised.

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# Prescribing opioids to seniors: It's a balancing act

JENNY GOLD  
KAISER HEALTH NEWS

The national conversation about the opioid epidemic has mostly focused on young people who buy drugs illegally on the street. But the scrutiny of opioids has also changed the way doctors are prescribing medications to seniors, to ease their pain from arthritis, cancer, neurological diseases and other illnesses that become more common later in life.

Over the past decade, a growing number of seniors have been prescribed opioids including hydrocodone, codeine and oxycodone. A recent study found that in 2011, 15 percent of seniors were prescribed an opioid when they were discharged from the hospital.

As concern grows about a national opioid epidemic, however, some seniors now find it harder to get medications they need from doctors and pharmacies. Some medical practices refuse to accept patients already taking an opioid for pain.

Beyond the obvious dangers of addiction, opioids can pose serious risks for seniors. Common side effects include constipation, breathing problems, confusion and problematic interactions with other medications. Seniors taking opioid medications are also four to five times more likely to suffer a fall or fracture than those taking a non-opioid pain medication.

But opioids can also be a critical tool in treating debilitating pain that leaves seniors immobilized and homebound. Carla Perissinotto, a geriatrician at the University of California San Francisco, says prescribing opioids to seniors is often about helping them maintain their independence. Perissinotto recently spoke with California Healthline about the delicate balancing act of prescribing opioids. This conversation has



TRIBUNE NEWS SERVICE

**As concern grows about a national opioid epidemic, some seniors now find it harder to get medications they need from doctors and pharmacies.**

been edited for clarity and length.

**Q: How do you decide whether to prescribe an opioid to an older adult?**

**Carla Perissinotto:** One of the tenets in geriatrics with prescribing any medication is the idea that you start low and go slow. For someone who is older, there's a different biology of aging with medications that take longer to metabolize. They affect people differently. For someone who's younger, you may be able to start at a dose, for example, of 10 milligrams. In an older adult you often have to start at 2.5.

But how I decide really depends on what are this person's goals? How is the pain affecting their life? What have I tried and what is not indicated for them? One of the mainstays of treatment is, for example, physical therapy and the use of non-steroidal anti-inflammatories, which include things like Ibuprofen (tradename Advil). The challenge with those medications is that they're over-the-counter and are perceived to be safe, when in reality for an older adult there are much greater side effects on blood pressure and kidney function and a

higher risk of bleeding. So in an older adult, the mainstay treatment that we use for someone younger is not available.

Ultimately, my goal with using opioids when I have to is, "Can I relieve this person's pain well enough so that they can maintain their function?" Because ultimately in older adults, their function and ability to live independently is one of the greatest predictors of health. I have patients who unless they take their opioid really cannot get out of bed. And if that small dose of opioid is going to help them get out of bed and

move around their house and cook for themselves, then that is absolutely something worth doing. Their biggest risk is going to be if they stop moving and (decline more). That's going to have a bigger consequence on their health than prescribing an opioid at a reasonable dose and with close supervision.

**Q: What are some of the risks of prescribing opioids to seniors?**

**CP:** Like with any person taking opioids, there are real side effects of becoming addicted. Constipation also ends up being one of the biggest challenges, and

frankly many of my older adults don't want to be on opioids because of the fear of constipation. The other thing is, of course, that opioids can be sedating and so they can put people at risk for falls and an increased risk of confusion.

What's interesting though is that there are some folks with dementia who at times appear to be more confused or delirious. And it turns out it can be from uncontrolled pain. So this is where it's so tricky for us geriatricians to figure out, are we giving enough pain medication or not enough? And how do

we figure out that balance? And it's a very close relationship you have to have with the patient to really figure out, "Am I doing the right thing?"

**Q: What are some of the other tools you have available to treat pain in seniors?**

**CP:** There are some topical agents that work for some people. Understandably, many patients don't like taking that many pills, and so the idea of being able to put something on the joint or on the skin is really fantastic. There are other modalities that I think work for people, for example massage. Some people get benefit from acupuncture and chiropractic care.

The challenge is that many of the additional therapies, even some topical therapies, are not covered by insurance. And that actually brings up an interesting point in how we prescribe, in that there are times that I would prefer to prescribe something topical and it's not covered by insurance, but yet the

*"I think that unless you have lived (with) pain yourself, it's very easy to judge and very easy to assume that someone can just get over it. And I hear this time and time again from some of my patients who were being judged ... 'I'd like for that person to walk in my shoes and see what it's like to live with pain and maybe they would think differently.'"*

Carla Perissinotto, a geriatrician at the University of California San Francisco

opioids are. So it also limits you as a physician in terms of "What am I able to prescribe? What can I do for this person that is covered by insurance?" So unfortunately that is one of the unspoken things — that how things are paid for still makes a big difference.

**Q: How do seniors fit in with the larger national conversation about opioids?**

**CP:** I do not want to undermine the national efforts, which are very real in terms of the serious consequences of opioids. At the same time, for many older adults, these are very reasonable treatment modalities.

What I'm seeing from the national perspective is that because of this real concern about opiate overuse, many patients are being

discriminated against. I have patients who are on opioids, they're on low doses, they're very stable. There's no evidence of abuse. And if I'm out of town and they are out of medications, no one wants to refill them. And that actually puts someone at risk for withdrawal. And what happens is someone then comes to the office and requests an opioid refill for something they've been on, and they're labeled as drug seeking.

It's very sad. And I think that the challenge is how do we keep this national dialogue going so that we educate providers to prescribe safely? How do we educate patients to know how to look for signs of withdrawal and look for signs of overdose? So that we're not discriminating against people

with chronic illness and chronic pain who really do need these medications to function when other therapies have failed.

**Q: Are you seeing patients come into your practice for the first time who are taking too many opioids?**

**CP:** I absolutely have received or have started taking care of people that are frankly incorrectly dosed on too many variations of opioids, and it can be risky. And it's really hard when someone is on them to really try to take someone off and taper down. But it's something that can be done if there's significant trust.

When I've seen negative consequences of opioids, it's often because of incorrect dosing — starting too

high, giving too frequently, and that's when we run into problems. I've seen that happen over and over again.

I think that part of it is education of providers in terms of safe opioid prescribing. I'll tell you that in my observation of our current resident education, I am frankly quite worried about how our residents are being trained in terms of safe use of opioids. Because of the national concern over opioid use, we've swung away where it's never prescribed ... and I think as a result our physicians in training aren't being taught how to prescribe correctly.

**Q: Some people say there are no situations in which opioids should be prescribed long-term. What would you say to them?**

**CP:** I completely disagree. Palliation, which is the relief of symptoms, is something that is incredibly important with older adults. There are many illnesses in older adults that cannot be cured. And if you are trying to maintain someone's independence, there are very reasonable times where people may be on opiates. Osteoarthritis. Severe spinal stenosis. Some of those things do not have great treatments, and there are times where opioids do have a positive effect on someone's relief of pain so that they can maintain their function.

I think that unless you have lived (with) pain yourself, it's very easy to judge and very easy to assume that someone can just get over it. And I hear this time and time again from some of my patients who were being judged ... "I'd like for that person to walk in my shoes and see what it's like to live with pain and maybe they would think differently."



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## 1. Protect

Protecting your personal information is your best line of defense against health care fraud. Treat Medicare, Medicaid and Social Security numbers like credit card numbers. Never give them to a stranger and don't carry your cards unless you need them for appointments. Medicare doesn't call or visit to sell you anything. Outside of a trusted health care setting, never give this information to anyone who asks for it.

## 2. Detect

No matter how careful you are, you may be targeted for fraud. Always review your Medicare statements closely. Things to look for include charges for something you didn't purchase or receive, duplicate charges and charges for services not ordered by your doctor. Compare these documents to your personal records



PHOTO COURTESY OF GETTY IMAGES

**Treat Medicare, Medicaid and Social Security numbers like credit card numbers. Never give them to a stranger and don't carry your cards unless you need them for appointments.**

and receipts. Recording medical visits and procedures in a journal or on a calendar can help you keep track of what happened at each appointment and make it easier to spot inaccuracies.

## 3. Report

If you suspect you've

been a target of fraud, report it. This can help you and others at risk for fraud. If you have questions about your Medicare statements, call your health care provider.

If you're uncomfortable calling or are not satisfied with the response, help is available through

your local Senior Medicare Patrol. SMP volunteers work with Medicare beneficiaries and their families and caregivers to stop health care fraud, errors and abuse. You can also report suspicious calls and direct general questions through this resource. You can find your local

SMP program by calling 1-877-808-2468 or at [SMPresource.org](http://SMPresource.org).

Suspected fraud can also be reported to 1-800-Medicare or by calling 1-800-HHS-TIPS.

## Don't hesitate if you need help

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Administration for Community Living, part of the U.S. Department of Health and Human Services, the SMP program provides outreach, counseling and education by highly trained volunteers in a variety of locations. For free, confidential support, contact your local SMP program.



# Medicare's coverage of therapy services in center of court dispute

SUSAN JAFFE  
KAISER HEALTH NEWS

Four years after Medicare officials agreed in a landmark court settlement that seniors cannot be denied coverage for physical therapy and other skilled care simply because their condition is not improving, patients are still being turned away.

So federal officials and Medicare advocates have renewed their court battle, acknowledging that they cannot agree on a way to fix the problem. Earlier in January, each submitted ideas to the judge, who will decide — possibly within the next few months — what measures should be taken.

Several organizations report that the government's initial education campaign following the settlement has failed. Many seniors have only been able to get coverage once their condition worsened. But once it improved,

treatment would stop — until they got worse and were eligible again for coverage.

Every year thousands of Medicare patients receive physical therapy and other treatment to recover from a fall or medical procedure, as well as to help cope with disabilities or chronic conditions including multiple sclerosis, Alzheimer's or Parkinson's diseases, stroke, and spinal cord or brain injuries. Although it removes the necessity to show an improving health condition, the settlement does not affect other criteria and limitations on Medicare coverage.

"We still regularly get calls from people who are told they are being denied coverage," said Peter Schmidt at the National Parkinson Foundation, based in Miami. Denials sometimes occur because physical therapy providers use a billing code that still requires the patient to show improvement. Although

Parkinson's is a degenerative brain disease, Schmidt said physical therapy and exercise can help slow its progress.

The agreement, approved in 2013, settled a class action lawsuit against the Centers for Medicare & Medicaid Services filed by the Center for Medicare Advocacy and Vermont Legal Aid on behalf of five Medicare beneficiaries, including the late Glenda Jimmo, and six nationwide patient organizations. Coverage, the Jimmo settlement said, does not depend on the "potential for improvement from the therapy but rather on the beneficiary's need for skilled care."

In August, U.S. District Court Chief Judge Christina Reiss in Vermont ordered the government to work with the beneficiaries' attorneys to strengthen its education campaign about the policy aimed at bill-processing contractors, claims reviewers, providers, appeals judges, people who

staff the 800-MEDICARE help line and others. (Beneficiaries, however, were not included.) After working during the fall, both sides acknowledged this month they could not reach a compromise on the best way to make revisions to the education campaign.

"There was a long-standing kind of mythical policy that Medicare contractors put into place that said Medicare only pays for services if the patient could progress," said Roshunda Drummond-Dye, director of regulatory affairs for the American Physical Therapy Association. "It takes extensive effort to erase that."

Medicare's proposals include educational efforts such as a special webpage with "frequently asked questions" spelling out the proper procedures for handling claims. The government would also issue a clear statement confirming that Medicare covers physical, speech and occupational

therapy along with skilled care at home, and in other settings, even if the patient has "reached a plateau" — a term seniors still hear — and is not improving.

Attorneys for the seniors want to monitor how Medicare officials implement these new measures and have offered to write the policy statement disavowing what's known as the "improvement standard." They also want the government to repeat its 2013 conference call with providers, contractors and others involved in the process in order to correct mistakes, according to papers filed with the court Jan. 13.

"The major problem for us is that they do not want the plaintiff's counsel to have any say or involvement in what they do," said Gill DeFord, litigation director at the Center for Medicare Advocacy in Connecticut. "We think that's exactly the reason the educational campaign was so

riddled with inaccuracies in the first place."

But in its filing, the government said, "The Plaintiffs' plan seeks to address perceived deficiencies that were specifically not guaranteed under the [settlement] Agreement." It added accepting the advocates' plan "would also grant their counsel undue control in developing CMS educational materials and an outside role in CMS' corrective action efforts."

The settlement affects care provided by a trained professional in a patient's home, nursing home or the provider's private office that is medically necessary to maintain the patient's condition and prevent deterioration.

A Medicare spokesman declined to comment under agency protocol because the case is still pending.

*KHN's coverage of aging and long-term care issues is supported by The SCAN Foundation.*

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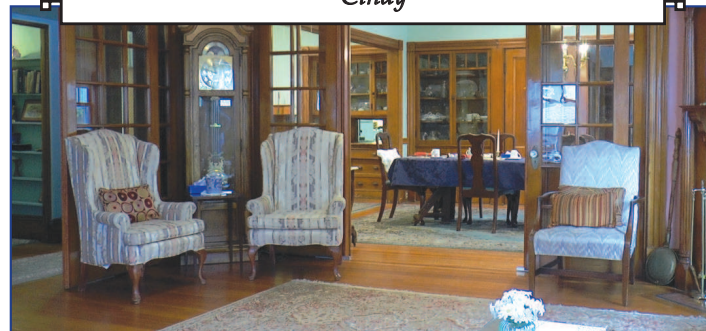
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# Seniors, are you looking for your match?

## Consider these trends, tips for dating again

The first Baby Boomers turned 70 in 2016, and this generation remains one of the most influential in the country and around the world. Scores of products and services are now marketed to seniors, many of whom remain as active and socially aware as they were in their youth.

One aspect of senior marketing that is booming is dating and relationship products. Singles age 50 and older are increasingly relying on online dating sites and other methods to find love and companionship. Dating is no longer kids' play, and those who have been away from dating for some time may have to



Finding love again is possible for seniors who get back into the dating scene.

get reacquainted with the process in the modern age.

### Explore online dating

Data from Pew Research found one in two divorced or widowed seniors had remarried in 2013, and that trend

figures to continue. Many seniors are using online dating sites to find their new matches. While websites geared to dating make it easier to get in touch with fellow singles, the relative anonymity of the process can make it

challenging to separate the truth from some self-promoting hype on dating profiles.

Begin by relying on dating sites that have been tested and recommended. One to try is the AARP dating site partnered with How About We. In

addition to its simplicity and small financial commitment, the site caters to the over-50 crowd and is backed by the AARP name. It's good for those looking for an activity partner as well as casual dating. Popular sites Match.com and eHarmony.com also boast high percentages of users age 50 and up.

Even after thorough consideration and conversation, online daters should exercise caution when meeting someone online and then in person. Profiles aren't always what they seem, and it's easier to fudge the facts when initiating contact over the internet.

### Keep an open mind

It's easy to be preoccupied with the rigors of being an older adult and the responsibilities that still may rest on your shoulders. Part of the fun of dating when you were young likely had to do

with throwing caution to the wind. But some of those same carefree aspects remain true whether you're dating at 17 or at 57. Laughter, fun, spontaneity and the chance for some adventure are still the keys to making memorable dates.

### Sometimes it's who you know

The old adage of it's "who you know" and not "what you know" is applicable to dating. If you are ready to jump into the dating world again, ask your close friends or family members if they know anyone who might be in a similar situation.

Taking another stab at dating later in life can be both exciting and nerve-racking, but no matter how long it's been since your last first date, some aspects of dating are the same as ever. Just remember to have fun and don't be afraid to try new things.

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# Travel more by reducing related stress triggers



The U.S. Department of Labor Statistics indicates that more than half of all American workers are not using all of their vacation days, equaling to \$224 billion in cash value, according to Oxford Economics, an economic analysis firm. In Canada, unused vacation time isn't as pronounced but it is still apparent. A recent survey by California-based staffing firm Robert Half found that 26 percent of Canadians are not using paid vacation days provided by their employers. However, many workers today are resolving to spend more time with their spouses and children or engage in recreational activities. As such, traveling more is the goal of many individuals and families.

Although many people eagerly await their vacations, for some the idea of getting away is marred by prospect of things going awry or the

stress of travel itself. To make travel easier, Time Management Ninja as well as WebMD suggest devising strategies to relieve stress. Other habits also can alleviate the potential pitfalls that are tied to travel that cause stress.

## Make lists

Start by making a checklist of what to pack and what to bring. Cross-reference the checklist with what suitcases and bags the items have been stashed within. Begin the packing process several days before leaving for a trip, only leaving out essential items necessary for getting ready the day of departure. In addition, make another list of which bags need to be brought along. Place those bags by the front door so that nothing will be forgotten.

## Build in extra time

According to the Travel Industry Association, 88

percent of leisure travel happens by car, truck or RV. Nine percent of Americans take to the air, while the rest journey by bus or train. No matter how you will be traveling, you'll likely need to take to the road to get to an airport or train station.

Leave extra time for any hiccups along the way. Nothing can make you feel more stressed than being rushed and worrying that you will miss a departure due to traffic. Bring along a book, stream a movie or catch up on other tasks when you are early to the gate.

## Get ample sleep

Try to maintain a consistent sleep schedule. Lack of sleep can exacerbate feelings of stress and contribute to short tempers. WebMD says that it can take one to three days to recover from a sleep deficit and to unwind from stress. Factor in jet lag and the "first

night effect," a condition in which many travelers find it difficult to get a good night's sleep in a new location, and sleep deprivation can be a problem. Leave time for sleeping in and do not over-pack a vacation schedule.

## Confirm your itinerary

Avoid bad surprises by double-checking that flights are booked and hotel rooms have been reserved and by confirming the other aspects of your trip. This is especially important when using third-party booking sites to make travel plans.

## Provide kids with entertainment

Be sure to bring along a bag with toys, electronics, games, coloring books, or whatever other distractions kids will enjoy to keep them occupied. Happy, occupied children are less likely to be disruptive, especially if travel delays occur.

Leave extra time for any hiccups along the way so you can get to your final destination with less stress.

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Nighttime driving can be difficult, but there are ways to help drivers feel more comfortable about driving after dark.

# Afraid of the dark? Make night driving more safe

Traffic accidents can occur at any time of day. But while many drivers are comfortable driving during daylight hours, that comfort level drops considerably when the sun goes down and driver visibility is reduced.

According to a 2016 analysis of data from the U.S. Department of Transportation's Fatality Analysis

Reporting System, 43 percent of motor vehicle crash deaths in the United States in 2014 occurred between the hours of 6 p.m. and 3 a.m. While various factors contributed to those deaths, poor visibility was certainly among them, as many drivers simply don't see as well when driving at night as they do when driving during the day.

Some motorists who are uncomfortable driving at night avoid the roads altogether once the sun goes down. But that's not an option for the millions of drivers across the globe who must drive at night for personal or professional reasons. Remaining alert at all times and obeying traffic laws are great ways to stay safe when driving at night,

and the following are some additional strategies that can help motorists make nighttime driving more safe.

■ **Test your headlights.** Many drivers go years without inspecting or replacing their headlights or headlight bulbs. Conduct routine inspections of headlights and turn them on at night to determine where the

Please see **DRIVING**, Page S30

## LIGHTEN UP

Headlight maintenance can go a long way toward making drivers feel safer at night, when visual acuity of the human eye is reduced by up to 70 percent. The following are three ways drivers can improve the performance of their headlights.

### 1. Upgrade headlight bulbs

A recent report from the Insurance Institute for Highway Safety was critical of headlight design, painting a bleak picture for headlight performance in

30 of the 31 vehicles tested for the report. Many vehicles on the road today are equipped with standard halogen headlights that begin to break down in two to three years, potentially reducing light output by as much as 30 percent. Philips X-tremeVision Bulbs employ advanced technology that can deliver up to 100 percent more light on the road than standard halogen bulbs. Compatible with various makes and models, each bulb

See Light, **PAGE S30**

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# DRIVING

■ *Continued from Page S28*

lights are pointing. Drivers of older vehicles with plastic lens covers may notice the covers have become cloudy or yellow. Such covers should be polished or replaced. If light from the headlights is being aimed too low or unevenly, adjust their aim on your own or ask your mechanic to do so.

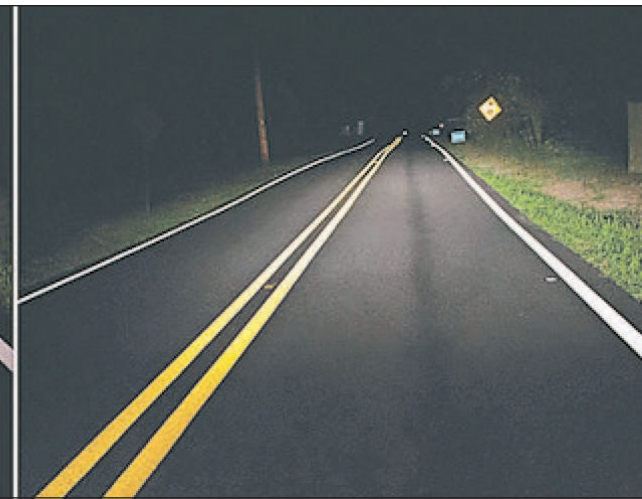
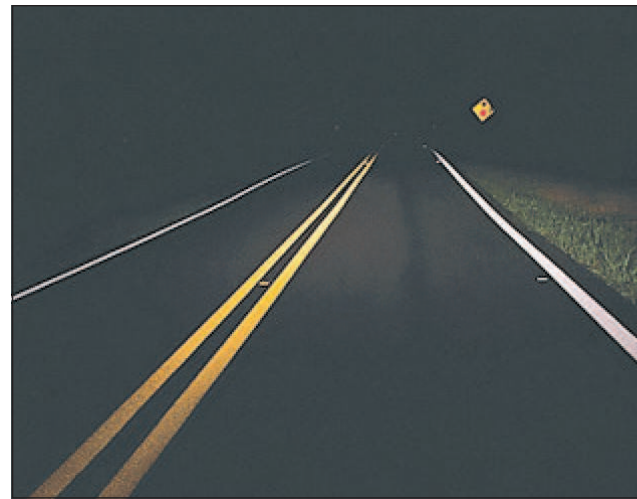
■ **Adjust your interior lighting.** Dashboard lighting can sometimes affect driver visibility if the light is too bright. When vehicle dashboard lighting is too bright, the resulting reflection can affect and distract driver's eyes, compromising his ability to see the road. Dim dashboard lighting to a level that does not adversely affect your ability to see the road at night, and do the same with GPS systems if they are reflecting too brightly as well.

■ **Don't allow smoking inside your vehicle.** Smoking inside

a vehicle can affect driver visibility in various ways. When drivers or their passengers smoke inside a car, the smoke that lingers can dry out drivers' eyes, making their eyes tired and forcing them to work harder to stay open. In addition, smoke, especially smoke from vaping, can cloud up quickly, making drivers feel as if they're looking through dense fog just to see the road. Finally, smoking inside a vehicle can stain the interior of vehicle windshields, making it harder for drivers to see out of the windshield to the road ahead.

■ **Schedule routine vision checkups.** Nighttime drivers are sometimes betrayed by their own eyes. If it's been a while since you have had a vision checkup, schedule one. A new eyeglass or contact prescription may be just what you need to start seeing things more clearly at night.

Nighttime driving can be difficult, but drivers can take steps to make themselves more comfortable when driving after dark.



A view of the road from a vehicle with standard headlight bulbs is shown on the left, while the view of the road from a vehicle using Philips X-tremeVision Headlight Bulbs is on the right.

## LIGHT

■ *Continued from Page S28*

produces a longer beam pattern than standard halogen headlights, vastly improving nighttime visibility on even the darkest roadways.

**2. Turn headlights on earlier**

Start utilizing headlights earlier in the day. Once

manufacturer-supplied bulbs have been replaced, drivers can make a conscious effort to turn their lights on before the sky goes completely dark. Many drivers feel their vision is most compromised during twilight hours, when a setting sun and shifting shadows combine to greatly compromise driver visibility. By turning headlights on during twilight hours, drivers

can counter the effects of Mother Nature during those hours when they feel most vulnerable.

**3. Keep headlights clean**

Drivers wouldn't spend hours on the road driving with dirty windshields, but many are unknowingly driving with clouded headlamps that could be compromising their nighttime visibility and reducing light output by

as much as 40 percent. Use a headlight restoration kit to restore headlamp lens clarity to "like new" condition. A protective UV coating can produce longer lens clarity and prevent clouding for up to two years. A kit can effectively improve lenses that turn hazy and yellow after years of exposure to sunlight, ozone, pollution and other environmental factors.

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# Adult Foster Care of the North Shore provides financial and emotional solutions to families

Adult Foster Care of the North Shore is a one of a kind organization. For the last 15 years they have been providing financial and emotional solutions to families in need of care for a disabled or chronically ill loved one (clients). Many Adult Foster Care clients are already living with a parent, child or other family member who qualifies as a caregiver. Others are placed in homes with compassionate and diligent caregivers.

In 2000, Dr. Cynthia Bjorlie left her private practice of 17 years and opened Adult Foster Care of the North Shore after reading an article in the NY Times about “Foster Seniors,” a program in New Jersey. Having always been interested in the care of people who cannot manage alone, she decided to

develop her own program in Massachusetts. With a grant from the Robert Wood Johnson Foundation, she started Adult Foster Care of the North Shore.

Since 2001, Adult Foster Care of the North Shore has grown to a staff of 30 and now serves over 400 clients. The difference between AFCNS and other similar companies is that, even though they share the same mission, the staff at Adult Foster Care of the North Shore actually lives the mission. They believe in a more compassionate and people-focused approach that produces great results.

**If you are interested in becoming a paid caregiver for a disabled family member or qualified disabled adult, visit [AdultFosterCareNS.com](http://AdultFosterCareNS.com) or call today at 978-281-2612.**

## About the Program:

This innovative program provides caregivers with a monthly payment for taking care of a disabled or ill adult. Caregivers are special, dedicated people who may take care of a family member or a new friend and welcome them into their own home.

Caregivers are reimbursed up to \$1,500 monthly, tax-free, for personal care services. Each and every caregiver is supported by Adult Foster Care’s professional staff that helps train the individual regarding the personal care needs of their clients. Adult Foster Care carefully and selectively matches clients with caregivers to ensure compatibility.

### *Adult Foster Care of the North Shore provides the following financial and emotional support:*

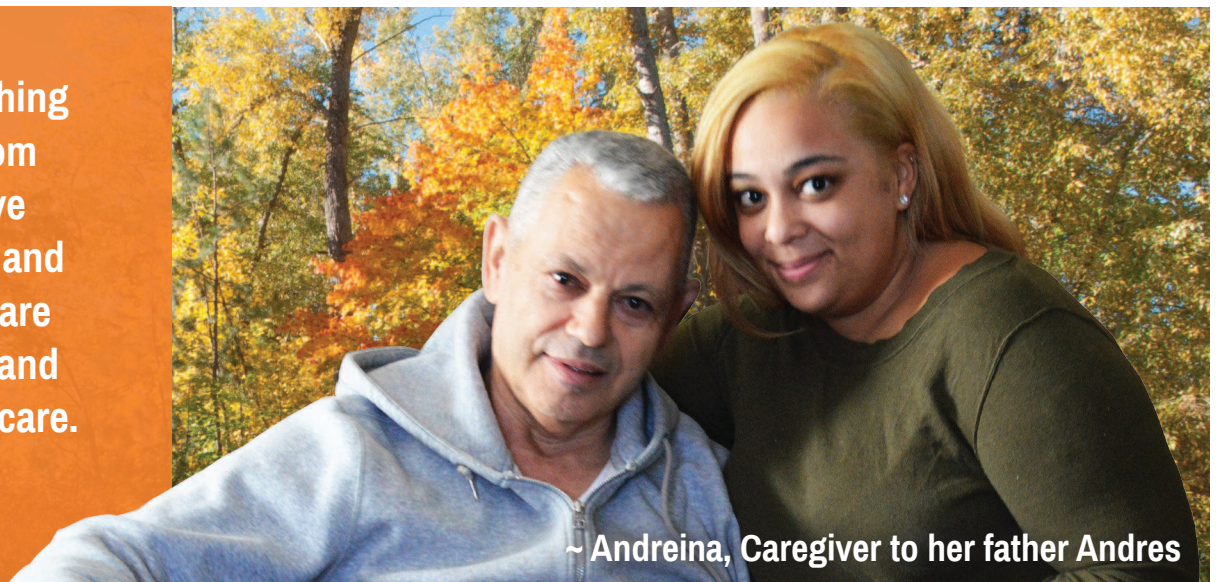
**Financial Support:** Through MassHealth, a monthly, tax-free stipend is given to the caregiver.

**Health & Social Support:** Clients and caregivers are assigned a nurse and care manager who visit the homes regularly. Staff members can answer questions about health issues and serve as a resource for medical training, education and needed interventions. On call support is available 24 hours a day, 7 days a week.

**General Resource Support:** Seasoned nurses and care managers can identify vital resources including:

- Adult Day Health Programs
- Specialized work and community support programs
- Mental health counseling
- Guardianship and health care proxy information
- Transportation services

“My dad is the best and I would do anything for him. With the support we receive from Adult Foster Care of the North Shore, I’ve been able to care for him while working and finishing my education. His nurse and care manager help me manage all his needs and I receive monthly compensation for his care. They’ve changed our lives.”



~ Andreina, Caregiver to her father Andres

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