



# The Advisory

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## Will Employers Want Aging Baby Boomers?

*From the Urban Institute*



*Will Employers Want Aging Boomers?* by **Gordon B.T. Mermin, Richard W. Johnson, and Eric J. Toder**, looks at the current demand for older workers ---- especially the 77 million baby boomers born between 1946 and 1964 – and explores how it may change over the next decade. The study examines how changes in the nature of work, different occupations, the characteristics of older workers, and overall labor force growth might affect future job prospects for older Americans.

The study, available at <http://www.urban.org/url.cfm?ID=411705>, uses data from the Bureau of Labor Statistics, Employment and Training Administration, and Census Bureau. The research was funded by the Alfred P. Sloan Foundation.

### Job Prospects for Older Adults

Jobs are generally less physically demanding now than they were in 1971, and less likely to entail difficult working conditions, a trend that bodes well for older workers. However, nonphysical demands have increased, and some of the most popular jobs among older workers – such as janitors, home health and home care aides,

housekeepers and laborers – pay low wages and involve physically demanding tasks.

The proportion of jobs with high physical demands declined from 8.0 to 6.6 percent between 1971 and 2007. Those with difficult working conditions – involving outdoor work, high noise levels, or exposure to contaminants – also fell from 39.8 to 29.8 percent. The share requiring high cognitive ability (reasoning, written expression, and decision-making) grew from 26.5 to 36 percent. The proportion involving high stress and dealing with unpleasant people doubled, from 4.4 to 9.2 percent and from 4.1 to 8.2 percent, respectively.

These trends are likely to continue, researchers forecast. Only 18 percent of all fast-growing jobs have any physical demands, compared with 52 percent of other occupations. High cognitive ability is very or extremely important for 57 percent of workers in fast-growing occupations, compared with 30 percent for workers in other occupations.

"Many workers approaching traditional retirement ages say they want to keep working, but it's not yet clear how many will be able to keep their jobs or find new ones," says Johnson, a principal research associate at the Urban Institute. "Employers seem to value older workers for their maturity, experience, and work ethic but worry about out-of-date skills and the high cost of employing them."

To make older workers more appealing to employers, Mermin, Johnson, and Toder recommend that Medicare be made the primary payer for workers with employer-provided health insurance. They also suggest addressing legal uncertainties surrounding formal phased retirement programs, allowing distribution of defined-benefit pensions at age 59.5 while people are still employed, better targeting government training and employment services to older workers, and increasing employer awareness of the value of older workers.

### **Where Do Older Adults Work Today?**

Older workers can be found in broad occupational groups in similar proportions as other workers, except they are more likely to be managers or in sales, while adults younger than 65 are more likely to have blue-collar jobs. A third (35.8 percent) of workers age 65 or older are in management and professional positions, 17.1 percent are in service jobs, a similar share have blue-collar jobs, 15.3 percent work in sales, 13.9 percent have office and administrative support jobs, and 0.8 percent work in farming, fishing, or forestry.

Of the 5.18 million full- and part-time workers age 65 and above, 181,559 are retail salespersons, the occupation that now employs the most older Americans. The other jobs with at least 100,000 older workers are farmers and ranchers (177,383), the immediate supervisors and managers of retail sales workers (164,507), janitors and building cleaners (146,364), truck drivers and delivery people (139,902), secretaries and administrative assistants (139,829), cashiers (110,508), and bookkeeping, accounting, and auditing clerks (108,798).

*The Urban Institute, based in Washington, D.C., is a nonprofit, nonpartisan policy research and educational organization that examines the social, economic, and governance challenges facing the nation.*

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## Legislative Corner

### Medicare Improvements Act is Good News for Recipients

On July 15, both houses of Congress voted to override President Bush's veto of the **Medicare Improvements for Patients and Providers Act (MIPPA)**. The law averts a scheduled reduction in fees paid to doctors by Medicare that would likely have forced thousands of doctors nationwide to stop seeing Medicare patients. The MIPPA:

- prevents a 10.6 percent reduction in fees paid to doctors by Medicare;
- reduces payments to private Medicare Advantage health plans by \$12.5 billion over five years;
- constrains some of the marketing techniques – such as unsolicited telephone calls and home visits – used to lure beneficiaries into Medicare Advantage programs; and
- stops extra payments to private plans for patients treated at teaching hospitals, which already receive extra payments to cover their higher cost.

Many of the new provisions in the law, some of which will be phased in over several years, benefit people with Medicare more directly, including:

- an additional \$4 billion to Medicare over five years to pay for more preventive care services;
- expansion of assistance with drug and medical costs for low-income seniors; and
- reduction of the co-payment for mental health services from 50 percent to 20 percent (in line with other services).

The 44 million Medicare recipients in our nation have been served well by the Congressional override of the President's veto to this critical legislation.

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### Can You Afford Your Prescription Drugs?

#### *Medicare Beneficiaries*

The Medicare Part D program offers prescription drug coverage. Most enrollees pay a monthly premium, have a deductible and make co-payments. Those qualifying for both Medicaid and Medicare automatically receive assistance with these costs. Those Medicare beneficiaries who do not qualify for Medicaid might be eligible for the **Limited Income Subsidy (LIS)**. This extra help can considerably reduce prescription drug costs.

To qualify for extra help you must have:

- **Income** limited to \$15,600 (\$1300 per month) for an individual or \$21,000 (\$1750 per month) for a married couple living together.
- **Resources** limited to \$11,990 for an individual or \$23,970 for a married couple living together.

Resources include such things as bank accounts, stocks and bonds, but exclude a house and a car.

You can apply to receive the LIS by calling Senior Health Insurance Benefits Assistance (SHIBA) of Washington County (503-615-4696) or by calling Social Security at 1-800-772-1213 (TTY 1-800-325-0778 for those deaf or hearing impaired). Alternatively, you can apply yourself or be assisted to apply online at <http://secure.ssa.gov/apps6z/i1020/main.html>.

More information about the Part D LIS is available at [www.ssa.gov/prescriptionhelp/](http://www.ssa.gov/prescriptionhelp/)

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## Stop Dangerous Drug Mix-ups

*For Your Health . . .*

Mistakes reported due to similar-sounding drug names have more than doubled at pharmacies and hospitals since 2004, according to the U.S. Pharmacopeia (USP), which sets standards for all U.S. medicines. USP's **Diane Cousins** suggests taking these steps to reduce your risk of a mix-up:



- ask your physician to write the reason for the drug (such as "to treat acid reflux") on the prescription;
- learn to spell the brand and generic names of your meds (ask your pharmacist or doctor); and
- look at your pills before leaving the pharmacy. If they're different from the last time, consult the pharmacist.

*Source: Woman's Day, June 17, 2008*

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## Dual-Eligible Recipients Pay More for Prescriptions

A new report from the House Committee on Oversight and Government Reform found that people who get coverage from both Medicare and Medicaid (a group sometimes called "dual-eligible") pay 30 percent more for prescription drugs under the Medicare Part D prescription drug benefit than they would if Medicaid paid the bill. According to the study, this discrepancy in pricing accounted for \$3.7 billion in revenue for drug manufacturers during the first two years of the Part D program.

The Medicare Prescription Drug Improvement and Modernization Act of 2003, which established the drug benefit, required that Medicare Part D, not Medicaid, cover the cost of drugs for people with both Medicare and Medicaid. Many nursing-home residents fall into this "dual-eligible" category.

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## American Cancer Society Announces New Resources for Cancer Patients

*Because Having Cancer is Hard . . . Finding Help Shouldn't Be*

The American Cancer Society's (ACS) Cancer Resource Centers help patients, their families and caregivers find the resources and support they need to cope with cancer. Volunteers at the centers answer questions and provide current cancer information and materials, as well as information on ACS programs and local community resources. Visitors to the centers will also find information about cancer prevention and detection, treatment guidelines and support groups.

The goal of the ACS is to provide information and support to newly diagnosed cancer patients and their families. The information about specific cancers, treatment guidelines, ACS programs and community resources can help cancer patients make informed decisions that lead to improved quality of life.

Cancer Resource Centers (CRCs) are located in cancer treatment facilities to make it as easy as possible for patients to get support. There are two Washington County locations: Providence St. Vincent Medical Center and Pacific Oncology (near the Nike campus in Beaverton). There is also a location at Good Samaritan Hospital in Northwest Portland. The CRCs are open Monday through Friday from 9:00 a.m. until 5:00 p.m. The information and resources are available to all regardless of insurance or health plans.

If you or a loved one needs help or information about cancer outside CRC hours, call the American Cancer Society 24 hours a day, 7 days a week at 1-800-ACS-2345 or visit [www.cancer.org](http://www.cancer.org).

### Be a Cancer Resource Center Volunteer!

Cancer Resource Centers are staffed by volunteers helping cancer patients and their families get the information and support they need. If you or someone you know would like to make a difference in the lives of those fighting cancer, contact Kristin Atkinson by phone at 503-795-3975 or by email at [kristin.atkinson@cancer.org](mailto:kristin.atkinson@ cancer.org), or call the American Cancer Society at 1-800-ACS-2345.

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## **Wear Your Sunscreen and Sunglasses!**

### *Protecting Yourself from the Sun's Rays*



Many people know about the damage the sun can inflict on skin – from sunburns evident immediately after exposure, to skin cancer, melanoma, and premature aging which develop long after. If you're going to be outdoors, cover up with clothing and apply a sunscreen that blocks UVA and UVB rays with an SPF of at least 15 on all exposed skin.

What may not be as well known is that UV radiation also plays a role in many eye problems like cataracts, age-related macular degeneration, snow blindness, and Pterygium (small growths on the white of the eye that can obstruct vision). To protect your eyes from the sun's harmful effects, wear wrap-around sunglasses that block 99-100% of both kinds of UV radiation, as well as a wide-brimmed hat.

Also pay attention to changes in vision and moles on your body, since all the problems mentioned above can be treated best if caught early.

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## **Project REACH**

### *Linking Older Adults and Family Caregivers to Services that Meet Their Needs*

It can be difficult to find information about services that are available and how to get them. You may not know what a service is called, or where to call to get information. If you do find the service, filling out necessary forms and applications can be complicated and confusing. **Project REACH**, a new service of DAVS, is ready to help.

"We're very excited about getting Project *REACH* off the ground and into the community," said **Deborah Letourneau**, DAVS program coordinator for the new service. "This pilot project is a grassroots effort to reach out to folks who might fall through the cracks without a little help up front."

The Project *REACH* Team is made up of five community volunteers who have been training over the last several months to learn about community resources and services, and how to assist with the often daunting

process of applying for services.

"This is an enthusiastic, inspiring group of volunteers who've put a great deal of effort into helping us shape this program," Letourneau said. "They're ready to take everything they've learned and put it to work in our community."

If you are age 60 or older, or you're a caregiver for a family member, friend or neighbor, and need help finding or applying for services, Project *REACH* can help.

A trained *REACH* volunteer will meet with you to assess your situation then help and support you until you get the services you need. Project *REACH* can help with:

- identifying and finding the services you need;
- making telephone calls;
- completing forms and applications for services or resources;
- problem-solving and navigating application processes; and
- following up with you to make sure you get the services you need.

If you could use help finding or applying for services or resources to meet your needs, contact Project *REACH* at 503-615-4646.

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## **New Website Informs of Potential Problems** *Licensed Facility Complaints Website*

If you or a loved one have been considering a move to a long-term care community, you know how overwhelming it can be to choose the most appropriate setting. The State of Oregon Department of Human Services (DHS) has just made it easier to check quality of care with its new Licensed Facility Complaints website.

Licensed facilities are required to meet certain standards set by the State of Oregon. These facilities are surveyed regularly by trained DHS staff, and local agencies investigate any complaints or allegations of abuse or neglect of residents in these facilities. Survey results and outcomes of investigations are public information available at each facility, in DAVS Public Disclosure files, and now on the DHS Licensed Facility Complaints Website: [https://apps.dhs.state.or.us/cfm/spd/facility\\_complaints](https://apps.dhs.state.or.us/cfm/spd/facility_complaints)

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## Did You Know?

Many of the millions of Americans dealing with heart disease may not realize they need to watch how much liquid they take in – not just consumption of alcohol, but liquids of all kinds. Fluid retention can put stress on the heart. Here are some tips to stay healthy:

- **Talk to your doctor:** Ask your doctor how much fluid you should have every day.
- **Keep tabs on your fluids:** Carefully track and monitor all of your fluid intake, including water you use to wash down medicines, and liquid from other sources, such as ice cubes, fruits, ice cream and yogurt. Take the time to measure how many ounces your favorite drinking cup holds.
- **Stay away from alcohol:** Although more often banned from diets due to its effects on the liver, alcohol can also affect your heart's ability to contract.
- **Limit intake of caffeinated and salty drinks:** Try drinking less coffee, tea and caffeinated soda and avoid beverages with a lot of salt, such as tomato juice and other vegetable juices.

To help rid the body of excess fluid, your doctor might prescribe a medication called a diuretic.

While this type of drug may make you feel thirsty, it is important not to drink too much as this will decrease the medication's effectiveness.

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## Prevent Falls and Avoid Traumatic Brain Injury

Most of us plan to stay in our homes and communities – active, independent and involved – as we move into and through our older years. We know that our independence depends largely on achieving and maintaining good health. We are bombarded with information on how to prevent heart disease, diabetes, high blood pressure, bad cholesterol, osteoporosis and other diseases or conditions that become more common as we age. And now there's growing concern about another risk to the independent and healthy lifestyles we want as we age – traumatic brain injury.



A traumatic brain injury (TBI) is caused by a bump or blow to the head that affects how the brain normally works. TBIs can range from mild – often called "concussion" – to severe injuries that can lead to hospitalization, physical or cognitive impairments, loss of independence and even death.

Some sobering statistics:

- More than one third of adults aged 65 or older falls each year in the U.S.
- Older adults are hospitalized for fall-related injuries five times more often than they are from injuries

from other causes.

- 20% to 30% of those who fall suffer moderate to severe injuries that impair their ability to get around or live independently.
- People aged 75 or older have the highest rates of TBI-related hospitalizations and death.
- Falls are the leading cause of traumatic brain injury (TBI) in older adults.

TBI and other injuries caused by unintentional falls are a threat to the lives, independence and health of adults 65 and older. As baby boomers age and the population of older adults in the US grows dramatically, the number of fall-related injuries is also likely to grow. But falls are not an inevitable part of aging; there are proven strategies for reducing your chances of falling.

Preventing falls may help us live better and longer lives.

## **What You Can Do to Reduce Your Chances of Falling**

**Exercise.** Exercise makes you stronger and helps you feel better. And it's one of the best ways to reduce your chances of falling. Exercises that improve your balance and coordination, like Tai Chi, are most helpful. Ask your doctor or health care provider about the best kind of exercise program for you.

**Have all your medicines reviewed.** Ask your doctor or pharmacist to review all the medications you take – prescription and over-the-counter. As you get older, your body's reactions to medicines can change. Some medicines can cause side effects such as dizziness, fatigue, confusion or weakness, which could increase your risk of falling.

**Have your vision checked.** Get your eyes checked by an eye doctor at least once a year. You may need different glasses; or a condition like glaucoma or cataracts could be limiting your vision.

**Make your home safer.** Over half of all falls happen right in the person's home. Make your home safer with the simple modifications:

- Remove things you can trip over, like papers, books, clothes, and shoes from stairs and places where you walk.
- Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
- Keep items you use often in cabinets you can reach easily without a ladder or step stool.
- Have grab bars put in next to your toilet and in the tub or shower.
- Use non-slip mats in the bathtub and on shower floors.
- Improve the lighting in your home. As you get older, you need brighter lights to see well.
- Hang light-weight curtains or shades to reduce glare.
- Have handrails and lights put in on all staircases.
- Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.

*(12 5-Sept/Oct, 2008)*

## Free Dentistry for Veterans



Greenburg Dental, with Dr. Linh Tran, DMD, is offering basic dentistry at no charge to US veterans who are unable to afford dental work, in honor of their service and sacrifice to our country.

Dr. Tran will open his office one Monday a month for cleanings, fillings, extractions, and other basic procedures. Making new dentures and crowns are not included in this program.

This program is open to US veterans from any branch of service who cannot afford dental work.

Please call Dr. Tran's office at (503) 452-4487 for program details or to schedule an appointment.

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## Council Honors Departing Members . . .

At their June 26 meeting, the Aging and Veteran Services Advisory Council (AVSAC) honored its three retiring members.

**Gail Miller**, chair emeritus and co-chair of the Nutrition Committee retired after ten years of service on the Council. Gail's service as co-chair of the Nutrition Committee was instrumental in strengthening nutrition services in Washington County. Her historical perspective and extensive knowledge of senior needs and programs have made her an outstanding representative of seniors and the Council in the community.

**Joe Salmonese** retired after three years on the Council, during which he served as a member of the Veterans Committee, as vice-chair of the Executive Committee for a year, and most recently as legislative liaison. In this critical role, Joe was instrumental in coordinating the Council's work with legislators and working with other metro area advisory councils. His background and expertise in real estate made him a valuable resource in AVSAC's work on housing issues.

**Xavier Azavedo** brought passion and a willingness to work hard to his four years of service on the Council,

including a year as secretary on the Executive Committee. His leadership as co-chair of the Housing Committee revealed his strong advocacy efforts for developing much-needed accessible housing in our community. During his tenure, he and the Housing Committee created, published and distributed three brochures focusing on universal design.

All were honored for their dedication, contributions and tireless work on behalf of seniors and veterans in Washington County, and were invited to return as associate members.

### **. . . and Welcomes New Members**

The Aging and Veteran Services Advisory Council welcomed four new members at its July 24 meeting: **Kenneth Soule** of Tigard, **Ron Rissmiller** of Tigard (Ad Hoc), **Donald Sass** of Tigard (Ad Hoc), and **Sig Unander** of Cornelius (Ad Hoc).

The Executive Committee for 2008-09 includes **John Crawford**, chair; **Betty Pomeroy**, vice-chair; **Beth Rehm**, secretary; and **David Nardone**, past chair.

*AVSAC is comprised of citizen volunteers appointed by the Board of Commissioners to provide information, guidance, advice and support to the Commissioners and DAVS.*

*Ad-Hoc members are non-voting members appointed by the AVSAC Executive Committee; they attend meetings, participate in discussions and activities of the Council, may serve one year or more, and may be considered for regular membership as vacancies occur.*



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## **Monthly Update**

### ***Adult Protective Services and Elder Safe***

During the months of June and July 2008, DAVS Adult Protective Services received reports or complaints of abuse or neglect of:

- 25 persons over age 65, and
- 89 persons age 18 – 64

Adult Protective Services staff members are part of the DAVS Regulatory Team, which also oversees adult foster home licensing and pre-admission screening for people moving into nursing homes. The Elder Safe program provides victim advocacy and support services and supports the work of the Elder Abuse Multi-

## Disciplinary Team.

To report abuse or neglect of a vulnerable adult, call Adult Protective Services: 503-640-3489. Your name will be held in confidence. If someone is in immediate danger, call 9-1-1.

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## Calendar of Events

### **Aging and Veteran Services Advisory Council Thursday, September 25, 10:00 a.m. - Noon**

Hillsboro Civic Center  
150 East Main Street - Hillsboro

### **Voices for the Future**

#### **Thursday, September 25, 10:00 a.m. – Noon**

*A community discussion about issues in health care and financial security,  
presented by AARP Oregon and Disability, Aging & Veteran Services*

Hawthorn Farm Athletic Club  
4800 NE Belknap Court, Hillsboro  
Info/registration: 503-513-7359

### **Health & Wellness Fair**

#### **Saturday, October 4, 9:00 a.m. – 1:00 p.m.**

Elsie Stuhr Center  
5550 SW Hall Boulevard, Beaverton  
Info: 503-629-6342 or [asatterfield@thprd.com](mailto:asatterfield@thprd.com)

### **City of Beaverton Senior Advisory Committee Health Resources Fair Wednesday, October 8, 9:00 a.m. – Noon**

Beaverton Library  
12375 SW 5th, Beaverton

### **Council on Aging, Inc.**

#### **Monday, October 13, 1:00 p.m.**

North Plains Senior Center, 31450 NW Commercial Street, North Plains

#### **Monday, November 10, 1:00 p.m.**

Forest Grove Senior Center, 2037 Douglas Street, Forest Grove

### **Medicare 101**

Learn the ABCs and Part D of Medicare Choice of two classes, each meets twice, \$29

#### **Saturday, October 18 and 25, 1:00 – 4:00 p.m.**

PCC - Hillsboro Education Center  
102 SW Washington Street, CRN 47242, Hillsboro

#### **Monday, November 10 and 17, 1:00 – 4:00 p.m.**

PCC Washington County Workforce Training Center

18624 NW Walker Road, CRN 47960, Aloha  
Info: 503-788-6266 or [www.pcc.edu/communityed](http://www.pcc.edu/communityed)

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## What is Chronic Heart Failure?

*When the Beat Gets Weak . . .*

Heart failure is a chronic medical condition that affects over 5 million people in the United States. Heart failure progresses differently in each person depending on age, other medical problems and how people care for themselves. The symptoms of heart failure are:

- Shortness of breath (dyspnea)
- Persistent coughing or wheezing
- Buildup of excess fluid in body tissues (edema)
- Tiredness, fatigue
- Lack of appetite, nausea
- Confusion, impaired thinking
- Increased heart rate

### American Heart Association

The AHA provides easy-to-understand information on all aspects of heart disease through their toll-free number or Web site. The Web site has recipes, exercise logs and helpful screening tests for patients and caregivers. All information is reviewed by scientists. They do not endorse or sell products and do not recommend physicians. 1-800-AHA-USA1, [www.amhrt.org](http://www.amhrt.org)

Heart failure means that the heart is pumping less volume than normal. It does not mean that the heart has stopped working altogether. Heart failure usually develops over many years, therefore, people often don't even know they have it until symptoms such as shortness of breath or swelling appear years after changes began.

### How It Works

With heart failure, the pressure in the heart increases because the blood moves through the heart and body at a slower rate. As the heart pumps less efficiently, the body's need for oxygen and nutrients are not met. The chambers of the heart respond to this by stretching to hold more blood to pump through the body. This weakens the heart muscle, and the heart's pumping action becomes weaker and weaker. This results in





fatigue, fluid retention and shortness of breath, making everyday activities such as bathing and dressing or climbing a flight of stairs difficult. If fluid builds up in the body (for example, in the arms, legs, feet, lungs or other organs), the body becomes swollen or congested, which is why this disease is often referred to as congestive heart failure. The severity of the heart failure determines the impact on a person's life. Mild heart failure may have little effect, while severe heart failure can interfere with simple activities, such as bathing and dressing, and can even prove fatal.

## No Cure

Heart failure is a condition that has no cure, but with the right treatment, consisting of medications and lifestyle changes, people can live full and pleasurable lives. It also helps to have a caregiver who understands the condition.

## Causes of Heart Failure



All hearts lose some of their pumping power as they age, but heart failure causes a more significant loss. The three major causes of heart failure are coronary artery disease, high blood pressure and diabetes.

Blood pressure is the pressure of the blood pushing against the walls of the arteries. Blood pressure is highest when the heart is pumping blood (systolic pressure – the higher number in blood pressure readings). Between beats, blood pressure falls (diastolic pressure). High blood pressure, defined as a blood pressure reading of 140/90 mmHg or higher, usually has no symptoms. Because there are no symptoms, people often don't know they have it until heart problems occur. Once it is diagnosed, it is very important to have it treated and monitored closely.

*Source: The Comfort of Home for Chronic Heart Failure: A Guide for Caregivers; CareTrust Publications*

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## Sleep Apnea



Sleep apnea is a sleep disorder in which tissues in the throat collapse and block the airway. Sensing the lack of oxygen, the brain forces the sleeper awake just enough to cough or gulp air. Typically, the sleeper is unaware that this is happening.

People with sleep apnea have a two-fold increased risk of stroke, mini-stroke or death from all causes. It is closely associated with obesity and more common in men than women, because men tend to put on weight in the upper body and neck. Women tend to put on weight in the lower body.

The upper airway closes off because the muscles that hold it open lose tone – the more weight, the less tone and the more severe the sleep apnea. Each time the airway closes, there is a pause in breathing, which lowers blood oxygen levels, raises blood pressure and increases heart rate.

People with sleep apnea experience daytime drowsiness and difficulty concentrating. It is treated with a device, called a CPAP (continuous positive airway pressure) machine, which blows a constant stream of air down the throat. Insurance covers this device.

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## Reducing Salt

Salt is a no-no for people with heart failure because it increases blood pressure. They should eat no more than two teaspoons of salt a day. Start reducing salt intake by taking the salt shaker off the table, but remember about 75% of the salt we eat comes from processed foods such as cold cuts, frozen foods and fast foods, so work to eliminate those products from your diet. Salt is commonly listed as sodium on food labels: 2 teaspoons of salt = 1500 mg of sodium.



Reduce salt intake by using other spices to flavor food. Do not add salt when preparing food; look for low-sodium recipes. Some salt substitutes may be used, but check with the doctor or dietitian first, because some may NOT be acceptable. Replace salty snacks with fresh fruit or low-sodium versions. And remember, the less salt you use, the less salt your taste buds will want.

When eating out:

- Avoid restaurants that serve only fried or fast food. (Check a restaurant's web site for nutrition content.)
- Ask that your food be prepared without salt or MSG.
- Bring your own healthy snacks to events.
- Eat before you go to events, so you are not tempted to snack on the fatty, salty foods served.

*Source: Mayo Clinic Woman's Healthsource February 2006; AHA Web site*

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## Hepatitis and Chronic Liver Disease

### *When the Filter Backs Up*

Located on the right side of the abdomen, just under the rib cage, the liver is our largest internal organ. It helps with digestion, blood clotting, and control of blood sugar, as well as stores vitamins and minerals. Think of the liver as a filter because its major job is to filter out poisonous (toxic) substances, like alcohol and cell waste, from the blood.

Most liver diseases do not have symptoms, but they can lead to cirrhosis (scarring) and liver failure if not treated properly. The liver can re-grow, so it can withstand injuries or abuse from an unhealthy lifestyle for many years, sometimes even decades. If found early, most liver diseases can be controlled, preventing significant liver damage. Some liver diseases are contagious, some are hereditary.

It is important for the caregiver to be aware of the type of liver disease the person in their care has.

### Hepatitis B

Hepatitis B is a serious liver disease caused by the hepatitis B virus (HBV). It typically has no symptoms and is diagnosed through a simple blood test. More than 90 percent of people infected with HBV are able to get it out of their bloodstreams and develop immunity to the disease. Those who do not clear the virus after six months are considered to have chronic hepatitis B. Approximately 15–25 percent of people chronically infected with hepatitis B will eventually die from liver disease without treatment. It is estimated that 1.25 million people have chronic hepatitis B in the United States.

The hepatitis B virus can live outside the body for up to seven days. It can be found in blood, sperm, vaginal secretion and saliva. HBV can be transmitted through:

- direct blood-to-blood contact;
- unprotected sex;
- heavy intimate kissing;
- unsterile or infected needles;
- sharing razors, toothbrushes, earrings, or other personal items that may come in contact with blood or saliva; or
- an infected mother to her baby during childbirth.

The vaccine for HBV consists of three shots given over a period of six months. Since the development of the vaccine, HBV infection has gone down significantly. Hepatitis B is not a curable disease; the primary goal of treatment is to keep the virus under control and reduce the complications like cirrhosis, liver failure and liver cancer.

*Source: The Comfort of Home® for Chronic Liver Disease*

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## Hospice Care

Terminal illness is a difficult thing to cope with. Hospice care gives the person who is terminally ill and the family time to examine life, establish priorities and renew or strengthen relationships. Hospice care can help in easing the transition.



Hospice care delivers comfort and support to people in the final stages of a terminal illness – and to their

families. Care is delivered by a team of specially trained medical professionals who focus on easing pain and managing symptoms. The team members provide medical, emotional, psychological and spiritual care to the person and family. They assist the family in coping with their coming loss and their grief afterward.

To qualify for hospice care, a person must be certified as terminally ill by his or her doctor and the hospice medical director. Terminally ill means having a life expectancy of six months or less.

Hospice care is a benefit under Medicare Hospital Insurance (Part A). To receive Medicare payments, the agency or organization must be approved by Medicare to provide hospice services. The out-of-pocket expense for the patient is a five percent co-payment for patient respite care and prescription drugs (not to exceed \$5 for prescriptions). There are no deductibles under the Medicare hospice program.

(12 5-Sept/Oct, 2008)

*The Family Caregiver Advisory*

## Energy Awareness Month

October is Energy Awareness Month, and it's a great opportunity to bring attention to the energy needs of seniors. According to the Centers for Disease Control and Prevention, hypothermia (below-normal body temperature) is a significant cause of preventable deaths. There are approximately 600 cold weather related deaths each year, and half of these are seniors over age 65. Every winter, some seniors succumb to hypothermia because they cannot pay their heating bills.



If you cannot pay your utility bills, you may qualify for the federal Low-Income Home Energy Assistance Program. You can use a free and confidential Web service to determine your eligibility by going to [BenefitsCheckUp.org](http://BenefitsCheckUp.org).

Developed and maintained by the National Council on Aging, BenefitsCheckup.org is a gateway to over 1,550 public and private benefits in all 50 states and the District of Columbia.

(12 5-Sept/Oct, 2008)

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## Taking Care of Yourself – Short Days, Sad Days

Seasonal affective disorder (SAD) is depression brought on by the dark, gloomy days of winter. This depressed mood usually appears during late fall or early winter and goes away during the warmer, sunnier days of spring and summer. It may start out mildly and become more severe as the season progresses.

To fight the effects of SAD, open the blinds and make the house as bright as possible. Visit with friends, exercise out in the sun. Do NOT turn to alcohol or recreational drugs for relief. Talk to your doctor, because this type of depression may be treated by light therapy – sitting in front of full-spectrum lights for one hour per day. However, be wary of gadgets that promise miraculous results.

Exercise in the winter improves mood, sleep and your circulation. It releases chemicals into your blood that pick up your mood. Not only will you feel better, you'll improve your heart health.

*Source: [www.mayoclinic.com](http://www.mayoclinic.com); *The Comfort of Home®: A Complete Guide for Caregivers**

(12 5-Sept/Oct, 2008)

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## Caregiver Training Opportunities

*Register now!*

### Powerful Tools for Caregivers

A 6-week training series for family caregivers on taking care of themselves while caring for another  
Thursdays, September 11 – October 23 (No class October 2)

1:00 – 3:30 p.m.

Trinity Lutheran Church

2194 SE Minter Bridge Road, Hillsboro

Info/registration: 503-681-1364

### Caring for your Loved One Family Caregiver Training Program

This series of five 3-hour classes includes:

Basic care techniques, healthcare tools, medication administration, caregiver support resources, planning for emergencies and more!

*There is no cost for this training*

Wednesdays in October

1:00 – 4:00 p.m.

No Worries In-Home Care

Office 8285 SW Nimbus Avenue, Suite 150, Beaverton

Info: 503-615-4676

(12 5-Sept/Oct, 2008)

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