



ARTICLES

PAGE 1 ADVICE ON AVOIDING THE FLU
 PAGE 2 AVOID FALLS - CHECK MEDICATION & VISION
 PAGE 3 LIFESTYLE CHANGES & DISABILITY PREVENTION
 PAGE 3 CARE FOR AMERICANS WITH DISABILITIES
 PAGE 4 HOME CARE AND DISABILITIES

Senior Safety News

This Issue's Features:

1. Preventing Falls
2. Avoiding Disabilities
3. Care for Seniors with Disabilities

Individuals and communities can come together to help older adults enjoy an improved quality of life with a reduced risk of injury.

In addition to the articles in the Newsletter we want, again, to emphasize four important things that can help avoid falls.

There are four important things to do in order to reduce falls.

1. **Exercise Regularly.** Check with a doctor to see what type of exercise is best for you.
2. **Have a Medication Check-Up.** Have a health care provider review all of your medications including nonprescription drugs.
3. **Have Your Vision Checked.** Schedule a vision check because poor vision or eyesight clouded by cataracts or glaucoma can increase your chances of falling.
4. **Make Home Safety Improvements** See our checklists and refer to our website.

www.seniorsafetyonline.com

Also, don't forget your flu shots

Increase Your Home's Accessibility and Safety to Reduce Falling Risks

About half of all falls happen at home. To increase accessibility and make your home safer:

- Remove items you might trip over (such as 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 within easy reach, so you can avoid using a ladder or step stool.
- Have grab bars installed next to your toilet, and install grab bars in your 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'll need brighter lights to see well. Use lamp shades or frosted bulbs to reduce glare.
- Make sure all stairways have handrails and sufficient lighting.
- If you are a senior or have a disability, it's best to wear shoes that give good support and have thin non-slip soles.



You might also consider avoiding lightweight slippers (especially backless styles) or athletic shoes with deep treads, which can reduce your feeling of control.

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Prevent Falling: Watch Out for Medication Side Effects

•Age can affect the way some medications work in your body, so if you have been taking any over-the-counter medications for awhile, it’s important to tell your health care provider. He or she will be able to tell you if the over-the-counter medications are still safe for you to take.

•Look out for drugs--or combinations of drugs--that have side effects including drowsiness or disorientation. These side effects can increase your risk of falling. This is especially important with over-the-counter cold and flu medications, which can often increase drowsiness.



•And don’t forget herbal remedies. Some remedies increase sleepiness and many react with other types of medication, which could increase your risk of falling down. Be sure to check with your health care provider before trying new medication, especially if you are already taking prescription drugs. And ask your doctor or pharmacist for a complete list of side effects you might expect when taking them.

For a downloadable checklist click: www.seniorsafetyonline.com

Want to Prevent Falling? Have Your Vision Checked Regularly

Vision problems can increase your chances of falling.

•You may be wearing the wrong glasses, or have a condition such as glaucoma or cataracts that causes vision problems or limits your vision.

•To reduce your risk of falling, have your vision checked by an eye doctor every year for early detection and correction of vision problems. If you can’t see something, it’s harder to avoid it, and this increases your risk of falling.

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THE BUZZ



SENIOR SAFETY AWARENESS

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PAGE 3	CARE FOR AMERICANS WITH DISABILITIES
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Lifestyle Changes To Prevent Disability

Heart disease accounts for 13 percent of all activity limitations, and injuries cause 13 percent of all disabilities. These two facts, alone, point to the large potential to reduce disabilities by convincing Americans to adopt better nutrition, health and exercise habits and to think ahead about building or retrofitting homes to make them safer and more convenient.

Use of assistive devices rises with age, accessibility features. It is estimated that wide need home modifications and remain in unsafe environments or end

One state, Georgia, has already taken design of homes to accommodate dis-increasingly referred to as “universal de- in the Georgia legislature to require entrance without steps, door widths of chairs, bathroom walls reinforced to per- and easy-to-reach electrical sockets.

In developing this legislation, the Geor- ated with disability groups, agencies, with them on many other projects. Alan the Georgia Office on Aging, comments, when we talk about the long-term care people with life-long disabilities share independent, to have some control over their lives and environments, and to avoid institutionalization.”



but this is not true of home one million people nation- without such changes will up in institutions.

the lead in advocating for the abilities at all ages, a concept sign.” A bill was introduced all new homes to have one 32 inches to allow for wheel- mit installation of grab bars,

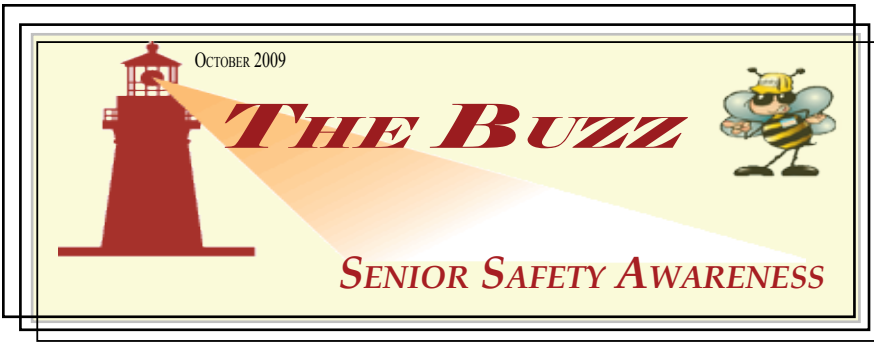
gia Office on Aging cooper- and programs, and is working Goldman, deputy director of “So many areas overlap population. The elderly and so much--the desire to be

The frail elderly may have much to learn from younger people with disabilities, including an attitude that refuses to allow society to relegate them to the sidelines and to view them as unfortunate, passive recipients of services. The nationwide network of services to the elderly, led by the U.S. Administration on Aging (AoA), has much to offer the growing numbers of people with life-long disabilities who are living into old age.

Care for Americans with Disabilities - An update

One false step on a cellar staircase, an automobile accident, a stroke, and overnight, any of us could end up with disabilities that make us dependent on others for the simplest tasks. We are all vulnerable to the effects of disability, whether it’s a matter of caring for an elderly parent devastated by a stroke, supporting a co-worker who has Parkinson’s, or hearing about a neighbor’s baby born with mental retardation.

As the population ages, more Americans will have illnesses and chronic conditions that limit their ability to carry out ordinary tasks--bathing, rising from a chair, opening a window, and walking to the



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 PAGE 3LIFESTYLE CHANGES & DISABILITY PREVENTION
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 PAGE 4HOME CARE AND DISABILITIES

grocery store. With a current life expectancy of 75 years, newborns, today, can expect to experience an average of 13 years with an activity limitation. Because the 85 plus group is the fastest growing segment of the population, many Americans may live with activity limitations for 20 years or more.

Technological and medical advances have made it possible for Americans to live longer but have not been matched by improvements in the delivery of chronic care services. As Chronic Care in America: A 21st Century Challenge, a recent report from the Robert Wood Johnson Foundation, sums it up, “There is no effective system to care for those with chronic conditions in the United States. As a result, much of the care that is available is fragmented, inappropriate, and difficult to obtain.”

Aging and Disability Coalitions Want Shift to Home-Based Care

A National Coalition on Disability and Aging was formed in 1994 and today includes 50 organizations from the disability and aging communities, including the AoA. The Coalition held its first summit on disability and aging before the White House Conference on Aging in 1995.

One of the key objectives of disability and aging coalitions at the federal and state levels is to shift the bias of publicly-funded federal and state programs away from institutional care to home and community-based services. Another is to reverse the medicalization of services to the elderly and to people with developmental disabilities.

According to Chronic Care in America, the direct costs of medical services for persons with chronic conditions amounted to \$425 billion in 1990, and 65 percent of those costs were for hospital care and physician services (39 percent to hospitals and 25 percent to physicians).



Home health care expenditures, however, have increased dramatically, rising from \$9 to \$24 billion between 1989 and 1993, and the number of home health care agencies providing Medicare-reimbursed services doubled between 1979 and 1990. This trend isn’t just due to increased use of home health care by elderly people with chronic health problems. It is also due to rules that now send patients home from the hospital “quicker and sicker” to receive services from a home health agency that used to be provided in a hospital.

Services for seniors with chronic conditions, however, are still concentrated in the periods when they need acute care rather than in phases when prevention or rehabilitation services would be beneficial. Costly hospitalizations might be avoided if certain types of services were more affordable and available--transportation to the doctor; installation of railings and ramps; physical therapy to strengthen muscles to prevent falls; education in use of assistive devices; counseling to prevent malnutrition; and provision of home care aides to shop, prepare meals, and assist with personal care.