
◆ Home Care Network News ◆

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Yes, I know that I am a tad late on this newsletter. I have been very busy. We are in the process of redesigning our website: www.homecarenetwork.us. It will be upgraded and more interactive. I hope you take a look. Also Home Care Network has a Facebook page. The address is: **Home Care Network, Inc, San Jose CA**. Stop by and say Hi. I will be starting a blog on info that will be helpful to my clients, caregivers, and resources. See you on Facebook.

Warmly,
Sally

November 4, 2009

What Can Prevent Walking Disability in Older People?

Recovery Act Funds Support Large-Scale Clinical Trial to Test Specific Exercise Program

The National Institute on Aging (NIA), part of the National Institutes of Health, announced the award of \$29.5 million in grant support over the next two years to determine whether a specific physical activity program can stave off disability in older people.

The funding will begin the Lifestyle Interventions and Independence for Elders -- LIFE -- trial, the largest ever undertaken to prevent mobility disability among older people who are at risk of losing their ability to walk and to live independently in the community. The grant is being awarded to the University of Florida's Institute on Aging in Gainesville.

The first two years of the six-year, eight-site LIFE trial are being funded through the American Recovery and Reinvestment Act. The grants are part of the \$5 billion that President Obama announced Sept. 30 on the NIH campus. "There is a lot of evidence indicating that exercise can help in preventing diseases, such as diabetes, among older people. But we do not know

a walking disability in older people who are at risk of losing mobility," said NIA Director Richard J. Hodes, M.D. "This research is critically important at a time when the population is aging and new interventions should be sought to keep people healthy and functioning in the community longer."

At eight sites around the country, LIFE will involve 1,600 people aged 70 to 89, who at the start of the study meet its criteria for risk of walking disability, defined as the inability to walk a quarter of a mile or four blocks. About 200 participants will be enrolled at each of the study sites,

which include the University of Florida; the University of Pittsburgh; Northwestern University School of Medicine in Chicago; Stanford University in Palo Alto, Calif.; Pennington Biomedical Research Center in Baton Rouge, La.; Yale University in New Haven, Conn.; Tufts University in Boston and Wake Forest University School of Medicine in Winston-Salem, N.C. Wake Forest will also coordinate the data management and analysis.

"Limitations in walking ability compromise independence and contribute to the need for assistive care," said Evan C. Hadley, M.D., director of NIA's Division of Geriatrics and Clinical Gerontology, whose program is overseeing the trial.

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"Older people with impaired walking are less likely to remain in the community, have higher rates of certain diseases and death, and experience a poorer quality of life. A successful intervention might help prevent these bad outcomes."

"We know that many older people have chronic health problems that affect their ability to walk," said Jack Guralnik, M.D., Ph.D., chief of the NIA's Laboratory of Epidemiology, Demography and Biometry and co-principal investigator of the study. "Arthritis, muscle weakness and poor balance can all affect how well and how far a person can walk. And, some older people have all of these problems. We will test the LIFE intervention in this population to see how it works in a real-world setting."

Study participants will be randomly assigned to one of two groups. One group will follow a structured intervention consisting of walking at moderate intensity, stretching, balance and lower extremity strength training; the control group will participate in a health education program. The participants will be followed for about three years. Researchers will evaluate whether, compared to health education, the physical activity intervention reduces the risk of major walking disability, serious fall injuries and disability in activities of daily living, and whether it improves cognitive function. They will also assess the cost-effectiveness of the intervention.



"This will be the largest randomized controlled trial to prevent major mobility disability ever conducted in older persons who are at high risk of losing their physical independence," said Marco Pahor, M.D., director of the University of Florida's Institute on Aging and study principal investigator. "Typically, this population is excluded from large trials, and from this perspective the LIFE study is unique." The NIA leads the federal effort supporting and conducting research on aging and the medical, social and behavioral issues of older people. For more information on research and aging, go to www.nia.nih.gov.

Benefits for Early Onset Alzheimers.

The Social Security Administration (SSA) announced today they have added early-onset/younger onset Alzheimer's to the list of conditions under its Compassionate Allowance Initiative, giving those with the disease [expedited access to Social Security Disability Insurance \(SSDI\)](#) and Supplemental Security Income (SSI). The Alzheimer's Association, a longtime advocate for those with early-onset Alzheimer's, has played [an integral role](#) in this movement to reduce the length of disability decision process.

This is a victory for individuals with early-onset Alzheimer's disease and is a direct result of the hard work done by Alzheimer's Association advocates. Since 2003, the Alzheimer's Association has been working on behalf of individuals with early-onset Alzheimer's disease to improve the Social Security disability process.

Many people with early-onset Alzheimer's or other dementias have faced challenges when applying for Social Security benefits. Individuals are often initially denied but usually win benefits on appeal, a process which can take several years. Last summer SSA hosted a hearing in Chicago to examine access to social security disability benefits for people with early-onset Alzheimer's disease and related dementias through its [Compassionate Allowances Initiative](#).

Over 70 advocates with Alzheimer's disease, their families and caregivers attended the hearing to hear testimony from people living with Alzheimer's as well as medical experts. I was honored to be able to testify as well. Since that hearing, over 600 advocates from across the country submitted written testimony and personal stories of their experiences and challenges

Alzheimer's Association advocates helped SSA understand the impact of early-onset Alzheimer's disease on individuals and their families and helped influence their decision to add early-onset Alzheimer's disease and related dementias to their list of Compassionate Allowances.

Five Frequent Mistakes Made By Those With Aging Parents

1. Avoiding the discussion of alternative living arrangements for your parents.

It is important to be proactive concerning this! It is so much easier and less confrontational to start this process early and often. If you start early having discussions about options and choices, you can be much more low key about it.

If you wait and start talking about it after your Dad has fallen and broken his hip, there is no time to be low key-you are now “under the gun” to find answers quickly!

2. Not having a clear picture of your parents’ financial situation.

Do they have a long term care policy? It should be kept where it can be easily accessed. You should also read through it to understand what it does and does not cover.

If your parents do not have long term care in place, do you know what other financial resources are available if needed? Perhaps a visit with a lawyer to talk about Medicaid eligibility and spend down rules would be worthwhile. And if one of your parents is a Veteran, see if they are eligible to get coverage for certain services.

3. When your parents’ health starts to fail, thinking that a nursing home is the only option.

It’s important to understand that there are plenty of options around these days. If your parent is adamant about remaining in their own home, chances are good that you can arrange for quality care there until they pass.

You can also get a bit creative about combining several types of care. As an example, a family could have Dad go to an adult day care facility a few times a week. Other days you may have a caregiver that stays with him other days and also overnight. Then you and other family members can fill in other times, if needed. When it comes to customizing a plan that is right for you and your loved ones, the possibilities are endless.

4. Not getting help until the last minute.

Nothing is more stressful than trying to formulate a plan of care knowing your Mom is coming home tomorrow from the hospital. There is no way to make good, rational decisions that quickly and under that much duress. You will feel overwhelmed.

Start early doing your homework. Begin to form a relationship with a couple of agencies or facilities you feel comfortable with by having them come out and do an Assessment or you and your parents visiting a facility. When and if an emergency strikes, you will be calling up people who know you and is familiar with your loved one’s situation.

5. Looking at cost alone when deciding on care.

This can go either way. Very expensive nursing home facilities may not have very good track records when it comes to caring for their residents. Don’t just look at pretty websites, videos, fancy tours or brochures. It’s important to talk to as many residents and their loved ones as possible to get a true sense of the care the facility provides.

Look at in-home care, the highest hourly rate may not be your best option. You may be paying the high highest hourly rate, but the agency is getting the profit and the caregiver is being paid a low rate. And be sure that you meet, and approve of, any caregiver BEFORE they start providing care for your loved one.

Caregivers Holiday

With the following holidays, Caregivers are to receive time and one-half for working that day. If you choose not to have the Caregiver that day, please tell them in advance.

2010

Memorial Day	May 31
4th of July	July 4
Labor Day	September 6
Veterans Day	November 11
Thanksgiving	November 25
Christmas	December 25

The Dinner

A group of 40 year old golf buddies discuss where they should meet for dinner. Finally it is agreed upon that they should meet at the Gausthof zum Lowen restaurant because the waitress's there have low cut blouses and short skirts.

10 years later, at 50 years of age, the group meets again and once again they discuss where they should meet. Finally it is agreed upon that they should meet at the Gausthof zum Lowen because the food there is very good and the wine selection is good also.

10 years later at 60 years of age, the group meets again and once again they discuss and where they should meet. Finally it is agreed upon that they should meet at the Gausthof zum Lowen because they can eat there in peace and quiet and the restaurant is smoke free.

10 years later, at 70 years of age, the group meets again and once again they discuss where they should meet. Finally it is agreed upon that they should meet at the Gausthof zum Lowen because the restaurant is wheel chair accessible and they even have an elevator.

10 years later, at 80 years of age, the group meets again and once again they discuss and discuss where they should meet. Finally it is agreed upon that they should meet at the Gausthof zum Lowen because that would be a great idea because they have never been there before....



Website:
www.homecarenetwork.us
Email: sally@homecarenetwork.us
Facebook: Home Care Network, Inc, San Jose CA

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PO Box 96
Blair, NE 68008-0096



www.homecarenetwork.us

408-254-4650