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KARYN CORTEZ AND LINDA PRITCHETT

Longevity. (Practically) everybody wants it. And when you imagine a long life, what's in your mind's eye? For most people, they imagine themselves in the bodies and with the lives they have now, but with 20, 30 or even 40 years having passed. We don't tend to imagine ourselves as having aged during those several decades. If only that were true!

But things DO change. So it's our job to make sure that we're prepared for whatever might come our way; that's why this month we wanted to look at just a few of the changes that you might be facing.

Time to expand your social circle? With the proliferation of meet-up/dating websites (Senior-Match.com!) and athletic and social clubs, the opportunities to just get out there and meet new people who like the same things you do have never been greater. What happens if it's not you, but Mom or Dad who meets a new romantic interest? Awkward? It doesn't have to be. Check out page 5 for

some thoughts about dating when you're no longer 25 (or even 45, for that matter!)

Is someone in your family experiencing changes in their health? It's probably not the time that you want to think about the financial ramifications on top of everything else, but if you don't, the consequences could come back to bite you. Turn to page 6 for one person's story of what happened when they turned a blind eye to their parents' changing health and financial situation.

Our main focus this month is how just one fall could drastically change your life. Because people are living longer and for many reasons, the risk of falling increases with age, we wanted to highlight ways to reduce your risk. Pages 8 and 9 give you some great tips on what to look out for and how to stay strong!

Here's to the start of a fantastic summer! Happy Father's Day to all you grandfathers, fathers—and sons!

Karyn and Linda

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Clues to Your Overall Health Lie In Your Mouth

by Dr. Robert Arm, DMD
Voted Reader's Choice Best Dentist of 2012

Did you know that your oral health can offer clues about your overall health—and that problems in your mouth can affect the rest of your body? Here are just a couple of examples of the intimate connection between oral health and overall health and what you can do to protect yourself.

Brush Your Teeth; Protect Your Heart

There are billions of bacteria and microscopic critters that live in your mouth. Ordinarily, they cause absolutely no harm, but if you suffer from *periodontitis* (erosion of the tissue and bone that support the teeth), every time you chew or brush your teeth you might be releasing that bacteria into your bloodstream. In fact, studies show that several species of bacteria that cause *periodontitis*

have been found in the atherosclerotic plaque in arteries in the heart and elsewhere, possibly contributing to the risk of heart attacks.

Bacteria can also lodge on sickened parts of the heart and cause *endocarditis*—an infection of the heart. Endocarditis occurs when bacteria enter the bloodstream (bacteremia) and attach to a damaged portion of the inner lining of the heart or abnormal heart valves. Not all bacteria entering the bloodstream are capable of causing endocarditis. Only those bacteria that are able to stick to the surface lining of the heart and to abnormal valves tend to cause endocarditis. The ability of these bacteria to stick to the surface lining is aided by a preexisting microscopic clot that often forms at these abnormal sites.

It is for this reason—to reduce the chance of infection—that many heart surgeons advise their patients to have a dental checkup before sur-

gery. Most anesthesiologists also want patients checked to be sure there are no loose teeth that may fall out during anesthesia. Regular dental checkups will help avoid these problems.

Breathe Right; Save Your Life

Consider also the critical relationship between jaw positioning and your breathing. In life support training (CPR), one of the first things we learn is how to position the jaws. This includes head tilt and jaw thrust, which aides breathing and can save lives. Take this a step further. In patients that have breathing problems, are overweight, or snore, we worry about sleep apnea—a common disorder in which you have one or more pauses in breathing or shallow breaths while you sleep. Treatment for severe sleep apnea often involves use of a CPAP machine, a device with an air mask that continuously blows air into your lungs while you sleep. When patients don't use the CPAP,

they may have life threatening issues related to sleep apnea. As an alternative to, or in addition to, a CPAP machine, a special “night guard” can be provided from your dental professional to move the lower jaw forward, creating a “jaw thrust” and opening the airway. Sleep apnea can be dangerous, and as part of a team, your dentist may help save your life.

Remember—the key to all treatment and to overall health is to **prevent disease**. Go to your dentist for routine checkups, examinations and cleanings. Maintain your dental health to help avoid complications to your overall health.

Robert Arm, DMD is the former vice chair of the Department of Oral and Maxillofacial and Hospital Dentistry in the Christiana Care Health System. If you have questions or would like to schedule an appointment, contact him at Harmony Wellness Dental Specialists, 302-369-6900 or visit harmonywellnessdentalspecialist.com.

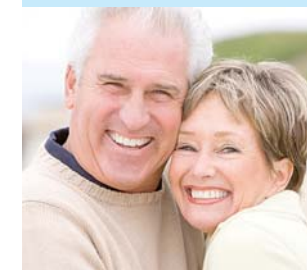
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Join BBD for the 12th Annual Summer Blood Challenge

By Christine E. Serio
External Communications Specialist,
Blood Bank of Delmarva



KELLY, A BLOOD RECIPIENT, IS PICTURED WITH HER TWO CHILDREN, SYBIL AND LEO.

With a healthy uneventful pregnancy, Kelly expected the birth of her second child to be free of complications. But after 24 hours of labor, Kelly began to hemorrhage and lost 40 percent of her blood volume. She was rushed to the operating room and received four blood transfusions.

"The blood transfusions saved my life," said Kelly. "Thanks to the blood donors and Blood Bank of Delmarva, my two beautiful children still have their mom!"

Unfortunately, stories like Kelly's are not uncommon and don't take a vacation during the summer months, a time when blood donations are typically slower.

This summer, Blood Bank of Delmarva will hold the 12th Annual Summer Blood Challenge from now to September 13. It was created to help sustain the blood supply during the summer months.

"The Summer Blood Challenge is a friendly competition among employers and community organizations," said Roy Roper, Blood Bank of Del-

marva President & CEO. "The summer months are typically slower for blood donations and the competitive spirit and prizes help motivate existing donors as well as attract first-time donors."

Registered organizations will earn points based on blood donations, first-time donors and more. This year's grand prize is a \$5,000 TD Bank Visa Gift Card, along with \$2,000 and \$1,000 TD Bank Visa Gift Cards as second and third prizes. Two \$50 gift cards will also be awarded to lucky participants each week throughout the Challenge. All donors must fill out a Hero Card when donating to ensure accumulation of points and eligibility for prizes.

Last year, a record 241 companies participated in the Summer Blood Challenge. This resulted in 14,308 blood donations.

"We had another record-breaking year last year," Roper said. "We anticipate tremendous support from our dedicated donors who help save local lives and have been vital to ensuring a stable blood supply in our community for 60 years. We are grateful to everyone who takes the time to give of themselves."

During the Summer Blood Challenge, BBD and other blood centers will celebrate Word Blood Donor Day on Saturday, June 14. BBD centers will feature artwork done by local students and artists based on this year's theme for the national event, "The Art of Giving."

Blood Bank of Delmarva is a non-profit community service organization that provides blood and blood products to 16 hospitals in the Delmarva region. More than 83,000 blood donations were needed last year for about 20,000 patients across the Delmarva Peninsula.

For more information or to schedule an appointment, visit www.DelmarvaBlood.org or call 1 888 8-BLOOD-8.



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Senior Dating: How to React When Mom Gets a Boyfriend



The possibility of your senior parent or loved one reentering the dating world can cause a range of emotional stress. *Is it safe? Is it appropriate? How soon is too soon after the loss of a spouse?* The answers to these questions vary with each family's unique situation, but there are some common factors to consider as you and your senior loved one broach this topic.

Here are four thoughts to keep in mind as you talk to your senior about dating:

1 It might be awkward. (But that's ok!) No matter how close you are to your senior parent, discussing the details of your loved one's dating life will likely be a little awkward for the both of you. He or she may feel embarrassed or may not want to talk about it at all. That's okay; do not force the issue unless you suspect an extreme circumstance such as physical, emotional or financial abuse. Simply continue to show interest and concern in a way that invites open conversation.

2 It's important to have "the talk" (Yes, that one.) A significant number of seniors are not only dating, but are also sexually active, according to a recent study on seniors and sex. The number of seniors who are dating and sexually active tops 25 percent for the 75 to 85 age bracket, indicating that safe sex, privacy and STD awareness are real concerns. The lesson here? Senior dating may not be a comfortable topic to discuss, but the risks of ignoring it are far worse. Stay the course.

3 Companionship is healthy! As with men and women of any age, relationships are vital to a senior's overall wellbeing. Loneliness can have negative physical and emotional consequences that increase as we age. High blood pressure, depression and loss of appetite are just a few ways the physical and emotional stress of loneliness can manifest itself in a senior's life. Dating and other social activities can help to reverse this dangerous cycle.

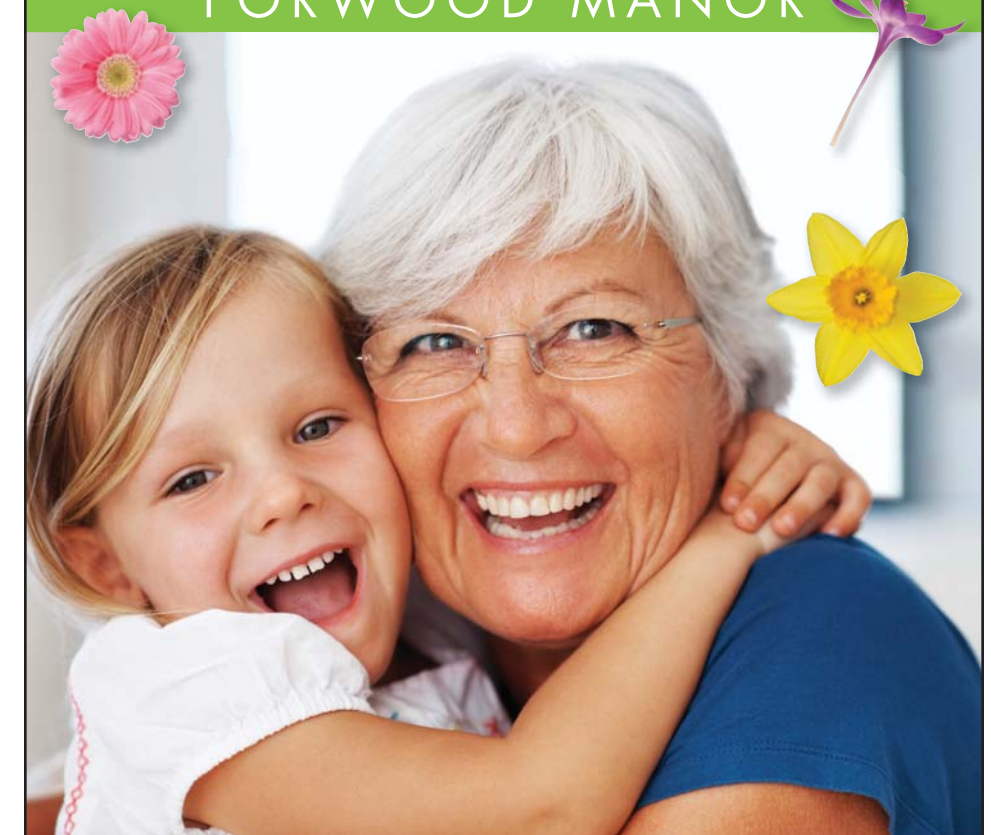
4 Your senior loved one needs your support. Whatever your senior loved one's dating status and desires, try to be as encouraging and supportive as possible. From making new friends at the community center, to going on a blind date, your support will help your loved one feel confident and not alone.

In this digital age, online dating can be one fun and effective way to find a kindred spirit. Sites like Senior-Match.com specialize not only in romantic connections, but in friendships as well. Consider helping your senior set up an online dating profile. It could be a fun way to spend time together and gives you the opportunity to stay in the loop on the dating situation!

While a busier social life for Mom or Dad may introduce new stress for you, these activities and relationships can do wonders for their overall health and emotional wellbeing.

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Could Your Parents Outlive Their Money?

Now and over the next several decades, boomers are expecting the biggest transfer of wealth in history. Most boomers will get an inheritance. But will you?

Consider Daniel. His dad's 97; Mom is 95. They had owned two lovely homes and lived the luxurious lifestyle befitting the successful business tycoon Daniel's dad had been for many years. He retired and they continued to spend lavishly. The years passed and they grew infirm.

They sold their homes at a loss during the economic downturn and moved to a high-end assisted living facility. There was no long-term care insurance and the cost of assisted living was not covered by Medicare. The cost for the two of them was over \$15,000 a month.

Then Dad had a stroke. The cost of care went up. Mom lost her vision.

More cost increases for more care. The bill was now over \$10,000 per month for each parent.

When Daniel finally had a discussion with his parents, he was horrified to learn that they had no savings. They were rapidly selling the stocks in their investment portfolio, often at inopportune times because they needed the cash. They were going to need his financial help!

Daniel had never talked to his parents about what he might expect to inherit. He just assumed that he'd get a chunk of money to help with his own retirement. After all, they never held back on spending and he figured things were fine. Now he writes a monthly check to help support them.

Could this happen to you?

Few of us take the time to actually calculate the cost of care in a facil-

ity or for full-time home health care. It's time to do this. Full-time home caregivers can run \$50- \$100,000 per year. Costs can be similar in a nursing home or assisted living facility. If that goes on for 10+ years, parents can easily burn through savings and assets.

Parents are living longer than ever. It's likely your parents paid little attention to the cost of care when (if) they did any estate planning. No one wants to accept the possibility of needing help and paying big bucks for it.

If this could be you, it's time to meet with your parents and their financial advisor. Plans need to include the possibility of long-term care. It's too late to get long-term care insurance when your parents are ill, disabled or in their 80's or 90's. No one will insure them, or the cost will be prohibitive.

Daniel's parents might have avoided needing Daniel's support had they been more prudent. Daniel would have been better off had he asked them about the possible need for care at the time he first saw changes in their health: decreasing vision in Mom, more and more unstable health conditions in Dad. Reining in spending, getting professional financial planning advice, and setting up a way to pay for the cost of care would have helped.

We can all do better than Daniel did. I urge everyone, even those whose aging parents seem just fine now, to talk to your parents about the cost of future care and how to pay for it. Do this even if they think they'll never need it.

Carolyn Rosenblatt, RN, elder law attorney, worked as a visiting nurse for 10 years before becoming an attorney and practicing law for 27 years. More of Carolyn's blogs can be found at her website, www.AgingParents.com.

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Gambling Tax Hits SSA Payouts — Even When You Lose

By Dana Anspach

I'll admit I enjoy a trip to Vegas now and then, but I've never been much of a gambler. Gambling has a cost, a hidden tax embedded in your winnings, even if those winnings are offset by gambling losses.

If you're a regular gambler in retirement, your fun can cost you thousands more in taxes and increased Medicare Part B & D premiums each and every year.

To see how this works, let's take a look at one of my clients, David (name changed for privacy). David is in his early 70s, lost his wife many years ago, still works part-time in his business which is now primarily run by his son—and by the looks of his tax return I am guessing he spends quite a bit of time at the local casino.

Why would I guess he spends a considerable amount of time at the casino?

Last year he reported over \$550,000 of gambling winnings on his tax return. Lucky guy, right? Not really. He reported the same amount in losses. OK, well, win some, lose some, no big deal, right? Wrong.

Casinos are required to report gambling winnings if they exceed a certain limit (\$1,200 of slot machine winnings for example). Gambling winnings get reported on the first page of your tax return on line 21. They affect your adjusted gross income (AGI) and your modified adjusted gross income (MAGI).

Gambling losses get claimed as an itemized deduction, in section 28 in "Other Miscellaneous Deductions." You are only allowed to claim losses up to the amount of winnings.

This means if the casino reports \$550,000 of winnings, but throughout the year you lost a total of \$600,000 (by gambling all your winnings plus some of your own funds), you can't claim that \$50,000 loss on your tax return.

But at least you get to deduct the losses so you don't pay income taxes on the winnings, right? Well, sort of.

Although your gambling winnings are offset by losses, the way winnings are reported they inflate your MAGI before they are offset by any losses. MAGI is different than taxable income, and MAGI is a major deciding factor in determining how much tax you pay in many other areas.

For example, your MAGI will affect all the following:

- Your eligibility to make a Roth IRA contribution.
- The amount of your Social Security benefits subject to taxation.
- The amount of Medicare Part B & D premiums that you pay.
- Phaseouts of exemptions and itemized deductions.
- Applicability of the 3.8% Medicare surtax on investment income.
- Your eligibility for a tax credit/subsidy for the purpose of purchasing health insurance.

My client's 2012 MAGI would have been less than \$80,000 without the gambling. Instead it was over \$630,000. Instead of paying Medicare Part B premiums at \$105 a month he'll be paying \$335 a month, an increase of \$2,760 per year. Given the same numbers, this MAGI level would cause him to lose about \$11,400 of his itemized deductions on his 2013 taxes, costing him another \$2,850 in taxes (at the 25% marginal rate).

Bottom line: Gambling winnings, even if offset by the same amount

of losses, can cause you to pay thousands more in taxes.

For lower income retirees, tax increases occur because increased MAGI increases the amount of your Social Security benefits subject to taxation and reduces your eligibility for a tax credit on health insurance.

For higher income retirees, increased taxes may come in the form of a loss of deductions due to the phaseout limits, increased Medicare Part B & D premiums, and the applicability of the 3.8% Medicare surtax on investment income.

Is this fair? It doesn't matter. It's just the way it is.

If you or your adviser has carefully crafted a retirement income plan designed to keep you under certain threshold amounts for tax purposes one trip to the casino can destroy the plan. Just something to keep in mind.

Did your retirement plan projection account for this extra expense? Likely not.

Dana Anspach, CFP, RMA, Kolbe Certified Consultant, is the author of Control Your Retirement Destiny (Apress), a book for the 50-plus crowd looking for practical, how-to knowledge on aligning finances for a transition out of the work force.



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Fall Prevention: It's a Life Saver

Millions of seniors fall each year. The costs are astronomical. Last year the average cost of a fall injury was \$19,440 (including hospital, nursing home, emergency room and home healthcare, but not physician services). Approximately \$30 billion is spent annually on healthcare related to falls. Medicare costs alone for hip fractures as a result of falls is projected to be \$240 billion by 2040. One bad fall can mean a lengthy hospital stay, painful rehabilitation, a loss of independent life, or worse.

- About one third of the population over the age of 65 falls each year, and the risk of falls increases proportionately with age. At 80 years, over half of seniors fall annually. As alarming as they are, these documented statistics fall short of the actual number since many incidents are unreported by seniors and unrecognized by family members or caregivers.
- Falls account for 25% of all hospital admissions, and 40% of all nursing home admissions. 40% of those admitted do not return to independent living; 25% die within a year. Falls are the leading cause of death due to injury among the elderly.
- Those who fall are two to three times more likely to fall again. Up to 40% of people who have a stroke have a serious fall within the next

year. Almost 87% of all fractures in older adults are due to falls. About half (53%) of the older adults who are discharged for fall-related hip fractures will experience another fall within six months.

- Many falls do not result in injuries, yet a large percentage of non-injured fallers (47%) cannot get up without assistance. For seniors who fall and are unable to get up on their own, the period of time spent immobile often affects their health outcome. Muscle cell breakdown starts to occur within 30-60 minutes of compression due to falling. Dehydration, pressure sores, hypothermia, and pneumonia are other complications that may result. Getting help after an immobilizing fall improves the chance of survival by 80% and increases the likelihood of a return to independent living.

Scary stuff. But the good news is that there are things you can learn to lower the risk of falling, either for yourself or someone you care for.

Staying active means fewer falls

Some people think that the best thing to do if you've fallen, or if you're afraid of falling, is to be less active. Why take the chance of falling again, right? Well, research shows that seniors who are less active are *more* likely to fall, because

they lack the strength and balance they need to resist falls. This is why healthcare professionals recommend starting a regular exercise routine of any kind—even if you start by taking only a few steps every day.

Exercise may improve your...

- Strength and stamina**—Giving your heart, lungs and the rest of your cardiovascular system even a modest workout can make a tremendous difference in the way you feel, in your energy level, and in the way you go about enjoying life as best you can.
- Balance**—When you were very young, you had to learn to balance yourself, and unless you continue to use your balance under safe conditions, this vital skill diminishes. Balance also helps you to keep the mass of your body over your feet, which helps you maintain your stability when moving your weight from one position to another.
- Gait**—Regain some of the spring in your step, and practice walking (either alone, or with a cane or walker) with a stronger, safer and more fluid gait.
- Reflexes**—Exercise can make you more responsive and help you react more safely to obstacles in your path and other potential dangers.

Causes and Risk Factors

Falls don't "just happen," and people

don't fall because they get older. Often, more than one underlying cause or risk factor is involved in a fall. A risk factor is something that increases a person's risk or susceptibility to a medical problem or disease.

As the number of risk factors rises, so does the risk of falling. Many falls are linked to a person's physical condition or a medical problem, such as a chronic disease. Other causes could be safety hazards in the person's home or community environment.

Risk Factors

Scientists have linked a number of personal risk factors to falling.

- Muscle weakness, especially in the legs, is one of the most important risk factors.** Older people with weak muscles are more likely to fall than are those who maintain their muscle strength, as well as their flexibility and endurance.
- Your balance and your gait—how you walk—are other key factors.** Older adults who have poor balance or difficulty walking are more likely than others to fall. These problems may be linked to a lack of exercise or to a neurological cause, arthritis, or other medical conditions and their treatments.
- Blood pressure that drops too much when you get up from lying down or sitting can in-**

crease your chance of falling. This condition—called postural hypotension—might result from dehydration, or certain medications. It might also be linked to diabetes, neurological conditions such as Parkinson's disease, or an infection.

- Some people with postural hypotension feel dizzy when their blood pressure drops.** Other people don't feel dizzy, even if their blood pressure drops a lot when they get up.
- Your reflexes may also be slower than when you were younger.** The increased amount of time it takes you to react may make it harder to catch your balance if you start to fall.

- Foot problems that cause painful feet, and wearing unsafe footwear can increase your chance of falling.** Backless shoes and slippers, high-heeled shoes, and shoes with smooth leather soles are examples of unsafe footwear that could cause a fall.

- Sensory problems can cause falls, too.** If your senses don't work well, you might be less aware of your environment. For instance, having numbness in your feet may mean you don't sense where you are stepping.
- Not seeing well can also result in falls.** One reason is that it may take a while for your eyes to adjust to see clearly when you move between darkness and light.
- Other vision problems contributing to falls include poor depth perception, cataracts, and glaucoma.** Wearing multifocal glasses while walking or having poor lighting around your home can also lead to falls.

- Confusion, even for a short while, can sometimes lead to falls.** For example, if you wake up in an unfamiliar environment, you might feel unsure of where you are. If you feel confused, wait for your mind to clear or until someone comes to help you before trying to get up and walk around.

- Some medications can increase a person's risk of falling because they cause side**

effects like dizziness or confusion. The health problems for which the person takes the medications may also contribute to the risk of falls.

- The more medications you take the more likely you are to fall.** People who take four or more prescription drugs have a greater risk of falling than do people who take fewer drugs. You should check with your doctor if you think your medications are causing dizziness or unsteadiness. Your doctor can tell you which drugs, including over-the-counter medicines, might cause problems. Do not change your medications on your own.

What a Fall Might Mean

Be sure to talk with your doctor if you fall. A fall could be a sign of a new medical problem that needs attention, such as an infection or a cardiovascular disorder. It could also suggest that a treatment for a chronic ailment, such as Parkinson's disease or dementia, needs to be changed.

Most Falls Happen at Home

Although falls can happen anywhere, well over half of all falls happen at home. Falls at home often happen while a person is doing normal daily activities. Some of these falls are caused by factors in the person's living environment. For instance, a slick floor or a poorly lit stairway may lead to a fall.

Other factors that can lead to falls at home include:

- loose rugs.
- clutter on the floor or stairs.
- carrying heavy or bulky things up or down stairs.
- not having stair railings.
- not having grab bars in the bathroom.

The takeaway from all this information is simple: Know your risks, make simple changes to keep yourself or loved ones safer, and know what to do if a fall occurs.

For more information, visit www.learn-nottofall.com


The conditions that affect many seniors can also increase your risk of falling.

Since physical changes and many conditions are a part of aging, it's not always possible to remove these blocks from your risk tower. Learning how these medical conditions lead to falls is the first step towards understanding the risks.


If you have...	...then falls can be a concern because
Heart disease or failure (CHF)	Heart conditions can cause dizziness, balance problems, muscle weakness and fatigue, even with only slight exertion. Heart disease is also frequently associated with respiratory difficulties, which can result in many of the same falls-related conditions.
Had a stroke	Strokes often result in muscle weakness, and/or sensory imbalances on one side of the body, which can compromise one's ability to move about safely.
Parkinson's Disease	Tremors, stiff aching muscles, and slow limited movement (especially when the person tries to move from a resting position) are all falls risks associated with Parkinson's. A person with Parkinson's disease is likely to take small steps and shuffle with his or her feet close together, bend forward slightly at the waist (stooped posture), and have trouble turning around. Balance and posture problems may result in frequent falls, especially as the disease progresses.
Low blood pressure	Low blood pressure, particularly when rising from a lying or sitting position, is a common cause of falls due to dizziness and/or fainting.
Chronic obstructive pulmonary disease (COPD)	The shortness of breath that is caused by COPD (chronic bronchitis and/or emphysema) can make you feel weak, dizzy or faint, even when you do simple things like get dressed or fix a meal.
Diabetes	Diabetes can cause a loss of feeling in the feet (diabetic 'neuropathy'), which compromises your balance and sense of where obstacles and uneven footing may be a hazard.
Arthritis	The loss of joint flexibility due to arthritis makes it difficult to maintain a safe gait, to avoid potentially dangerous obstacles, and maintain balance.
Vision problems	A decrease in vision, whether caused by glaucoma and cataracts, or just aging eyes, makes it far more difficult to judge distance and avoid obstacles that could trip you up. This is naturally a particular concern at night or when in the dark.
Mental confusion	Mental confusion can increase the chance of a fall since it may be more difficult to determine whether an activity is putting one at greater risk, or it may take longer to respond to a situation where a fall might otherwise be averted.

How to get up from a fall


1: Prepare



Getting up quickly or the wrong way could make an injury worse. If you are hurt, call for help using a medical alert service or a telephone.




Look around for a sturdy piece of furniture, or the bottom of a staircase. Don't try and stand up on your own.




Roll over onto your side by turning your head in the direction you are trying to roll, then move your shoulders, arms, hips, and finally your leg over.


2: Rise



Push your upper body up. Lift your head and pause for a few moments to steady yourself.




Slowly get up on your hands and knees and crawl to a sturdy chair.




Place your hands on the seat of the chair and slide one foot forward so it is flat on the floor.


3: Sit



Keep the other leg bent with the knee on the floor.



From this kneeling position, slowly rise and turn your body to sit in the chair.



Sit for a few minutes before you try and do anything else.

Summer Safety Tips for Seniors Living at Home

From opening those windows to catching a breeze to gardening and going for walks, the summer months offer a chance for us to get out and enjoy the weather. However you choose to spend your summer season, it is also important to remember to stay safe, and to take special care when reintroducing summer activities.

Keeping a few safety tips in mind can prevent falls and other accidents and ensure a fun-filled and injury-free season.

1 Wear sturdy and secure shoes that tie. In the summer, many people choose to wear sandals or flip-flops. However, these summer-type shoes can be a tripping hazard. As people age, they often lose feeling in their feet and toes. If a senior trips and stubs a toe, he/she may not immediately feel it or know the extent of the injury, which could cause prolonged damage if not treated properly.

2 Avoid hazards in the home that can cause falls. Among people age 65 and older, falls are the leading cause of injuries and hospital admissions, according to the Centers for Disease Control and Prevention. It is reported that each year one in every three adults age 65 and older falls.

To avoid falls, the following tips are important, no matter the season.

- Remove all throw rugs.
- Remove and avoid using extension cords in the home or outside.
- Use the highest wattage light bulbs possible in all fixtures and be sure they are working. Do not use frosted light bulbs, as they create shadows and make it harder to see potential tripping hazards.
- Install railings on both sides of staircases inside and outside. Also, ensure existing railings are safe and secure.
- In bathrooms, use non-skid mats in the showers and tubs; consider in-

stalling handrails and tub chairs to help with safety and functioning.

3 Hydrate, hydrate, hydrate. Drinking water is essential in every season, but particularly in the summer. As we get older, our thirst for water changes. The less water an older person drinks, the less thirsty they become, leaving them open to the risk of serious dehydration and other complications. For seniors, dehydration is one of the top reasons for hospital visits during the summer. Six to eight glasses of water a day is recommended. Keep in mind that coffee, tea and alcohol dehydrate the system. For every cup of coffee or glass of wine consumed, you should drink two glasses of water.

4 Keep the temperature in your home at 76 degrees. Seniors can often feel cold, even when the temperature reaches 85 degrees or higher.

This is because as we get older our bodies have a harder time gauging internal body temperature. As a result, seniors are at increased risk for heat-related illnesses during the summer. To avoid this, the temperature in your house should be kept at 76 degrees and should never exceed 80 degrees.

Concerned about the cost of cooling your home? Your health is worth every penny. Running air conditioning or fans to keep your home cool doesn't cost as much as a trip to the emergency room due to heat-related illness. Resources are also available for seniors who need them. For example, local chapters of the American Red Cross often give out free box fans during the summer months.

Brought to you by your friends at Arden Courts, www.arden-courts.com, 302-762-7800.

Improve Your Balance

Older adults tend to be at an increased risk of falling compared to when they were younger for a variety of reasons. Some factors affecting balance in seniors are: having experienced recent changes to their vision; having conditions such as Parkinson's, osteoporosis, cognitive impairment, or stroke; and having to take more than four prescription medications daily. Other risks for falling include not having full sensation in the feet or ankles (neuropathy), and having limited lower body strength and range of motion. Often, seniors have minimal control over many of these risk factors; however, exercise is beneficial in ameliorating many of the conditions that present risk factors. In addition, specific balancing exercises can be incorporated into seniors' overall fitness routines, and thereby help them to avoid future falls. Here is one simple balance exercise that can be done at home, with a bed pillow or throw cushion:

Pillow Stand

Stand near a rescue surface such as a wall or a heavy chair, so that you have something to hold on to if you

become wobbly. Start by placing your feet about shoulder width apart on a pillow or cushion. See if you can balance well on both feet while on the pillow, without holding on to anything (keep your hand near something solid though, just in case). Try to balance for up to 30 seconds without holding on to your rescue surface. Once you have progressed to 30 seconds, you are ready to proceed to the next level of difficulty. Now, try shifting your body weight (center of gravity) to one hip, and then to the other for a total of 20 seconds. Finally, if this exercise still is not challenging, you can progress to the final step by keeping your eyes closed while standing on the pillow (without moving). Please make sure you have your hand on a wall or heavy chair in case you sway!

Please consult a medical professional before starting this or any other exercise program. This article does not constitute medical advice.

Kate Maliha, MA (HKin) has a Master's degree in Human Kinetics and has conducted aging research at the University of British Columbia. She is the owner of Love Your Age (www.LoveYourAge.ca), a fitness company specializing in the exercise needs of seniors.

Commemorate World Elder Abuse Awareness Day on June 15

By Pamela Williams, APS Director, DE Division of Health and Social Services



Elder abuse is not a new phenomenon; it is a pervasive, hidden problem that could be happening right in front of you, unrecognized. Nationally and locally, law enforcement and social service providers are becoming increasingly aware of how frequently seniors are targets of crime, including elder abuse. In simple terms, elder abuse or elder mistreatment refers to actions that result in harm, or serious risk of harm, to an elder by a family member, caregiver or a person in a position of trust. Abuse can be intentional or non-intentional, and in the form of physical harm, emotional harm, neglect or financial exploitation. It is predicted that one in four Americans will become a victim of elder mistreatment at some point in their life.

Delaware's population is just over 925,000. By 2020, Delaware's 60+ population is expected to increase 121%, from 111,109 to 245,605 (Institute of Public Administration, University of Delaware). This growth presents significant challenges for state and community agencies whose responsibility is the delivery of social services, as well as for family members who must begin to plan for their elder's future care needs. The responsibility of caring for an aging loved one with increasing disabilities, coupled with the financial, physical and emotional burden that families may experience, can potentially create an environment in which elder abuse may be a consequence.

Although today's older generation enjoys a much better quality of life

than their predecessors, longevity is also fraught with increased physical and cognitive impairments. Older adults often need support from other individuals, and subsequently look to the family to meet this need. For some family members, the added responsibility and the lack of experience in caring for an aging person can potentially create an environment which puts the older adult at risk for abuse.

Reports estimate that between 500,000 to 2 million older adults nationwide are victims of elder abuse each year. Unfortunately, less than 1 in 5 cases of elder abuse ever comes to the attention of the authorities; nearly 84% of cases go unreported. It is a serious social problem, criminal justice problem, and public health problem that denies older adults

their basic right to live safely and free from violence. It is under-reported, under-recognized, and under-prosecuted.

World Elder Abuse Awareness Day occurs on June 15. We must share the mission of educating the residents of Delaware on the victimization of seniors and providing support and guidance for intervention because despite the significant progress that has been made in protecting vulnerable populations, there are still gaps, omissions, and biases in understanding elder abuse that need to be further identified, assessed and researched. The plight of our older citizens needs to be at the forefront of the national agenda in research, public policy, education, and practice.

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www.acl.gov/olderamericansmonth/

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Pack Smart

Vacation season is here! Use this list to help you think of things to pack in your travel health kit. Be sure to think about where you are going and whether you will have access to health items and supplies, check the TSA website (tsa.gov) for updates on permitted and prohibited items, including medicines that you are allowed to carry onto an airplane, and check the Customs and Import Restrictions section of the U.S. Department of State Tips for Traveling Abroad since some items may not be allowed in other countries.

Medicines

■ Prescription medicines you usually take

- If you have a severe allergy and epinephrine has been prescribed by your doctor, bring your Epinephrine auto-injector (for example, an EpiPen).

Special note about prescription medicines:

- Pack your prescription medications

in your carry-on luggage.

- Pack copies of all prescriptions, including the generic names for medications.
- Pack a note on letterhead stationery from the prescribing physician for controlled substances and injectable medications.
- Leave a copy of your prescriptions at home with a friend or relative.
- Check with the American Embassy or Consulate to make sure that your medicines will be allowed into the country you are visiting. Some countries do not let visitors bring certain medicines into the country.

■ Special prescriptions for the trip

- Medicines to prevent malaria, if needed
- Antibiotic prescribed by your doctor for self-treatment of moderate to severe diarrhea

■ Over-the-counter medicines

- Anti-diarrheal medication (for example, bismuth subsalicylate, loperamide)
- Antihistamine

- Decongestant, alone or in combination with antihistamine
- Anti-motion sickness medication
- Medicine for pain or fever (such as acetaminophen, aspirin, or ibuprofen)
- Mild laxative
- Cough suppressant/expectorant
- Cough drops
- Antacid
- Antifungal and antibacterial ointments or creams
- 1% hydrocortisone cream

Other important items

■ Supplies to prevent illness or injury

- Insect repellent containing DEET (30%-50%) or picaridin (up to 15%)
- Sunscreen (preferably SPF 15 or greater) that has both UVA and UVB protection
- Antibacterial hand wipes or alcohol-based hand sanitizer containing at least 60% alcohol
- Lubricating eye drops

■ First-aid supplies

- First aid quick reference card
- Basic first-aid items (bandages, gauze, ace bandage, antiseptic, tweezers, scissors, cotton-tipped applicators)
- Moleskin for blisters
- Aloe gel for sunburns
- Digital thermometer
- Oral rehydration solution packets

■ Health insurance card (either your regular plan or supplemental travel health insurance plan) and copies of claim forms

Other items that may be useful in certain circumstances

■ Mild sedative or other sleep aid

■ Medicine to prevent altitude sickness

■ Water purification tablets

■ Commercial suture/syringe kits to be used by local health-care provider. (These items will also require a letter on letterhead stationery from the prescribing physician.)

In the Garden in June

Here are a few June gardening tasks and projects that you can do to help keep your garden looking it's best for the rest of this season.



BLACK ELDERBERRY
Sambucus nigra

Annuals, Perennials and Bulbs in the Garden

- ✿ Pinch back any annuals, fuschias, geraniums, cosmos, or any other plants that might be getting a little leggy.
- ✿ Pinch your chrysanthemums to encourage them to be bushier and have more blossoms. Pinch them again, every 6 inches or so, as they grow.
- ✿ This is an excellent month to pick out a few new perennials and plant them in the garden.
- ✿ Divide spring flowering perennials like primroses, arabis and aubrietia. Once the soil has warmed, you can sow seeds for perennials directly into the garden.
- ✿ Check your roses for mildew, aphid, black-spot or other disease problems or insect infestations., and if they appear take steps to control them right away. Your roses will need to be fertilized each month through the summer. Make sure your climbing roses are securely tied into position. Prune them after blooming.
- ✿ Deadhead your annuals to encourage continued flowering.
- ✿ Remove dead foliage from your spring flowering bulbs, but only after it has died back naturally.
- ✿ Sow seeds for ornamental kale and flowering cabbage for colorful plants next fall and winter.
- ✿ Stake tall flowers to keep them from blowing over in the wind. Add a stake to each planting hole as you're transplanting, and tie the stem loosely to the stake as the plant grows.

- ✿ Gladiolus corms can still be planted for successive blooms. Tuberous begonias can now be safely planted outdoors. Once the foliage of daffodils has died back, you may divide and move the bulbs to a new spot. Daffodil clusters should be divided every 3 years to ensure good blooming.

Caring for Shrubs and Trees in the Garden

- ✿ Fertilize flowering shrubs like rhododendrons, azaleas and camellias immediately after they have finished flowering with a 'rhododendron' or 'evergreen' type fertilizer.
- ✿ Deadhead the developing seed pods from your rhododendrons and azaleas to improve next year's bloom. Be careful not to damage next year's buds, which may be hidden just below the pod.
- ✿ It's hedge sculpting and trimming time!

Fruit and Vegetable Gardening

- ✿ Start any of the warm weather vegetables (corn, beans, peppers, eggplant, tomatoes, squash, pumpkin, etc.) as soon as possible.
- ✿ Tap your tomato plants to encourage good pollination; water every day and start feeding them weekly once fruits set.
- ✿ Protect your fruit from the birds with netting.
- ✿ After natural fruit drop in late June, thin fruits on apple, pear, peach, and apricot trees carefully to produce larger, better fruit. Peach trees need 50 to 75 leaves per fruit to manufacture food for both fruit production and tree maintenance. Apple trees need 30 to 40 leaves per fruit.
- ✿ Continue thinning your vegetable seedlings to provide ample room for growth.
- ✿ Mound the soil up around your potato plants. It does no harm to the plant if the soil covers the stem. Tubers near the surface which are exposed to sunlight will turn green and poisonous.
- ✿ As early potatoes begin to die back, reduce watering.

- ✿ Allow one or two runners to develop from the most productive strawberry plants.
- ✿ Plant your broccoli, Brussels sprouts, cabbage and cauliflower for next winter's harvest.
- ✿ Prune suckers and water sprouts from all fruit trees.

Lawn Care

- ✿ Fertilize the lawn this month. Use a complete lawn fertilizer with a 3-1-2 ratio of nitrogen, phosphorus, and potassium.
- ✿ If your lawn suddenly looks yellow or dies out in patches, the cause is probably due to an insect problem such as Crane flies or possibly a disease problem.
- ✿ If the weather becomes hot and dry raise the cutting height of the mower.
- ✿ It's not too late to reseed or overseed the lawn. Be certain to keep newly seeded areas well watered.

Odds and Ends Around the Garden

- ✿ Be alert to slug and snail damage. Seek and destroy ALL slugs!
- ✿ Keep the weeds pulled, before they have a chance to flower and go to seed again. Otherwise, you will be fighting newly germinated weed seed for the next several years.
- ✿ Change the water in your bird bath regularly. Standing water may become a breeding ground for mosquito larvae.
- ✿ Continue to watch for insect or disease damage throughout the garden, and take the necessary steps to control the problem.

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CHICKEN PICCATA

Piccata is a classic preparation for chicken, but can be hard on your diet with its butter and wine-based sauce. This lighter version saves you calories by adding the zip of white wine with a tiny bit of vinegar to finish (as opposed to a cup or more simmered down), and getting the most of 1 tablespoon of butter by swirling it into the sauce at the end.



- TOTAL TIME:** 37 min
PREP: 25 min
COOK: 12 min
YIELD: 4 servings
- INGREDIENTS:**
- 1 pound chicken scaloppini (about 4 ounces each)
 - Kosher salt and freshly ground black pepper
 - 1 tablespoon plus 1 teaspoon all-purpose flour, divided
 - 3 teaspoons extra-virgin olive oil
 - 2 garlic cloves, finely chopped
 - ½ cup low-sodium chicken broth
 - Finely grated zest and juice of 1 lemon, zest reserved for optional garnish, about 2 tablespoons juice
 - 1 teaspoon white wine vinegar
 - 2 tablespoons chopped fresh parsley, plus more for garnish
 - 1 tablespoon capers, drained and rinsed
 - 1 tablespoon unsalted butter
 - Baby arugula for garnish
 - Whole-wheat angel hair pasta or roasted potatoes, for serving

DIRECTIONS:

Season the chicken with salt and pepper and sprinkle with 1 tablespoon flour.

Heat 2 teaspoons oil in a large nonstick skillet over medium-high heat until very hot; cook the cutlets until opaque throughout, 1 to 2 minutes per side. Transfer the cutlets to a plate. (Reserve the skillet.) Reduce the heat under the skillet to medium.

Add the remaining teaspoon oil and garlic to the same skillet; cook until fragrant, about 1 minute. Whisk together the broth, lemon juice and 1 teaspoon flour, and add to the pan. Simmer sauce until reduced and thickened, 2 to 3 minutes. Stir in the vinegar, parsley and capers. Swirl in the butter until sauce is shiny and slightly thickened.

Serve chicken with the sauce. Toss the arugula and freshly grated lemon zest with a light drizzle of olive oil; season to taste with salt and pepper, scatter over chicken. Serve with pasta or potatoes as desired.

NUTRITIONAL ANALYSIS PER SERVING:
Calories 207, Total Fat 9.5 g, Saturated Fat 3 g, Protein 25 g, Total Carbohydrates 4 g, Sugar 0 g, Fiber 0 g, Cholesterol 80 mg, Sodium 326 mg

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Crossword

By Dave Fisher

Answers on page 11

1	2	3	4	5		6	7	8	9		10	11	12	13
14						15					16			
17						18					19			
20					21						22			
				23				24	25					
26	27	28	29				30	31						
32						33					34	35	36	
37						38					39			
40				41						42				
			43					44						
	45	46						47						
48						49	50	51			52	53	54	55
56						57					58			
59						60					61			
62						63					64			

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- ACROSS**
- Looks after
 - Cards with 1 symbol
 - Team
 - Submarine
 - Backside
 - Possess
 - Sycophant
 - Thorny flower
 - Ends a prayer
 - Unsanctified
 - Fluff
 - Charged particle
 - A small island
 - Nearly
 - Not those
 - Uncertainty
 - Exhibited
 - Sleep in a convenient place
 - Goliath
 - Big party
 - Precipitousness
 - Usually paired with peanut butter
 - Nullify
 - Gentle stroke
 - Puts on
 - Put clothing on
 - Sandwich shop
 - According to custom
 - Pearly-shelled mussel
 - Ailments
 - Not dead
 - Brother of Jacob
 - Cozy corner
 - Varnish ingredient
 - Not more
 - Obtains
 - Abominable snowmen

- DOWN**
- Ballet attire
 - Black, in poetry
 - Ark builder
 - Early 20th-century art movement
 - Hairdresser
 - Moses' brother
 - Gloat
 - Being
 - Scruffiest
 - Rival
 - Bog hemp
 - What's happening
 - Left
 - A parcel of land
 - South southeast
 - Contributes
 - Plunder
 - Cogitate
 - Fawning
 - Garbage
 - Female chickens
 - Desserts
 - Story
 - L L L L
 - Not nights
 - Grinding
 - Tavern
 - First month
 - Small portable bed
 - Compacted
 - Assumed name
 - Flat circular plates
 - Affaire d'honneur
 - Maguey
 - Smudge
 - Away from the wind
 - Enumerate
 - 57 in Roman numerals
 - Cravings

Sudoku

Fill in the blank squares so that each row, each column and each 3-by-3 block contain all of the digits 1 thru 9.

			4	1	7		3	
			8				5	4
		3						
	1	5	3			8	9	
		2	1		8	3		
	6	8			9	5	1	
						9		
2	9				4			
	8		9	2	1			

Answers on page 11

(courtesy of KrazyDad.com)

NUTRITIONAL NUGGETS

It used to be called “iron-poor blood,” but now we know it as anemia. Whatever you call it, one way to help treat it is to eat foods rich in iron (most doctors recommend taking a supplement, too). These foods will also help replace the iron lost when you give blood to support the Summer Blood Challenge!

- Red meat
- Egg yolks
- Dark, leafy greens (spinach, collards)
- Dried fruit (prunes, raisins)
- Iron-enriched cereals and grains (check the labels)
- Mollusks (oysters, clams, scallops)
- Turkey or chicken giblets
- Beans, lentils, chick peas and soybeans
- Liver
- Artichokes

And here's a tip: If you eat iron-rich foods along with foods that provide plenty of vitamin C, your body can better absorb the iron.

THE FUNNY BONE

Paraprosdokians are figures of speech in which the latter part of a sentence or phrase is surprising or unexpected; frequently humorous. We love these!

1. Where there's a will, I want to be in it.
2. The last thing I want to do is hurt you. But it's still on my list.
3. Since light travels faster than sound, some people appear bright until you hear them speak.
4. If I agreed with you, we'd both be wrong.
5. We never really grow up; we only learn how to act in public.
6. War does not determine who is right—only who is left.
7. Knowledge is knowing a tomato is a fruit. Wisdom is not putting it in a fruit salad.
8. To steal ideas from one person is plagiarism. To steal from many is research.
9. I didn't say it was your fault—I said I was blaming you.
10. In filling out an application, where it says, 'In case of emergency, Notify:' I always put 'DOCTOR.'
11. Women will never be equal to men until they can walk down the street with a bald head and a beer gut and still think they are sexy.
12. You do not need a parachute to skydive. You only need a parachute to skydive twice.
13. I used to be indecisive. Now I'm not so sure.
14. To be sure of hitting the target, shoot first and call whatever you hit the target.
15. Going to church doesn't make you a Christian any more than standing in a garage makes you a car.
16. You're never too old to learn something stupid.
17. I'm supposed to respect my elders, but it's getting harder and harder for me to find one now.

Son? Or stranger?



Caring for an aging parent living with Alzheimer's or related dementias can be very emotionally difficult and heart wrenching. Especially when the parent no longer recognizes his or her own child.

When the time comes for you to decide that your loved one needs more help than you can give, will you be able to recognize it? Don't let guilt get in the way of doing what's right for both of you.

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