

Town of Tolland Seniors Activity Council
LATE SUMMER NEWSLETTER
Council on Aging
241 West Granville Rd.
Tolland, Massachusetts 01034

September 3, 2018

Hi Neighbors,

It's been a grand summer!! Lots of warm weather and enough rain to keep the grass from browning. We are getting ready for our annual multi-generational Feisty Fall Feast and hoping you will be able to join us. It is scheduled for 6 PM Saturday September 22. We have scheduled it for Saturday to make it more convenient for those who work and in September so the Snow Birds can join us before they fly South. Once again Peter Sullivan and his staff at the Knox Trail Inn will be cooking for us. The planned menu is are entrees of Roast Pork and Roast Chicken; medley of roast fall vegetables; Apple Sauce; Cole Slaw; Rolls & Butter; Pumpkin Pie with whipped cream; cider and decaf coffee. Entertainment will be by Roger Tincknell. He has been performing for families, and seniors in the U.S., Canada and Europe for over 40 years. His strong, expressive vocal styles, show stopping yodeling and masterful instrumental skills bring a warmth and versatility to his performances. Roger's performance is being funded by the Tolland Cultural Arts Commission. Mail your reservations (form below) in early so you are sure to get a seat. You may also call in your reservations to 413 258-4794. A \$10 dollar donation and a can of food for the food pantry are requested; juniors are \$5.

Our Outreach worker, Cynthia Ashley, has been busy visiting and assisting the town's Seniors.

The Tolland COA is sponsoring a monthly luncheon for seniors with emphasis on seniors who have a birthday during that month. The parties will be held at 12:00 noon on the second Tuesday of each month. The format will be lunch and entertainment or a movie. Reservations will be appreciated so that proper planning can occur. Call 413-4794- ext. 129 or email to councilonaging@tolland-ma.com at least two days before the event

Summer Yoga at the Public Safety Complex on Mondays and Thursdays has been well received and we look forward to having it again next summer.

Need a Lift to the doctors, to pick up prescriptions or other of life's necessities? The COA Ride Line can provide that lift for residents 60 and over. Call 413 258-4794 x 129 and request an appointment. Request appointments 72 hours or more in advance. In the event of unexpected illness, the Coordinator will attempt to accommodate the request. We also need volunteer drivers for this program call the same number and leave a message stating your interest.

There are several attachments to this news-letter – we hope you find them of interest.

Daylight savings time ends on November 4. That's a good time to change the batteries in your smoke and CO alarms.

The Annual Health Fair and Flu Shot Clinic are scheduled for Sept. 29 – watch News & Notices for more information.

Transportation safety allows seniors to keep their independence

It can be hard to admit your vision isn't what it used to be, especially when it comes to driving. Maybe you've noticed some difficulties reading traffic signals, or you've found it challenging to drive at night.

If you're a family member noticing these warning signs in a loved one, pointing out these challenges may seem like a daunting and delicate undertaking. But when it comes to being on the road, safety is one thing you can't ignore.

Encouraging your loved one to prioritize safety can be hard, especially when it feels like their independence is at stake. That's why it's important to have an open and honest discussion to determine the best options for maintaining independence outside the home.

Step 1: Address driver safety

Vision is the most important sense for driving safety. Annual vision screening is important for everyone, but it is especially critical for older people, since the sensory data used for driving is predominantly visual.

For seniors still able to drive, a defensive driving class can be beneficial. These classes allow students to brush up on skills while gaining confidence and introduce them to alternative transportation options for the times and locations of their preference. What's more, many insurance companies provide discounts to seniors who complete these courses.

Giving up driving doesn't have to mean choosing between all or nothing. For example, start limiting driving to daylight only, non-rush-hour periods. Then look into supplementary transportation options that eliminate the need to drive while still allowing you to get where you need to go.

Step 2: Research transportation options

It's important to educate yourself or your loved one about locally available transportation options for seniors. When you know there are

reliable, cost-effective transportation options available, it can help maintain a high level of independence for a trip to the grocery store or a doctor's appointment.

Rides in Sight is a nationwide, online database of senior transportation options built by ITNAmerica, a national nonprofit organization dedicated to providing sustainable transportation options for seniors. Visit www.ridesinsight.org and enter basic information like your state or zip code, and you can find the ride option that's best for your situation. If you prefer to access information by phone, call 1-855-60-RIDES (1-855-607-4337).

Rides in Sight makes it easy to find customized transportation, no matter what a person's needs. For example, you can find wheelchair accessible transportation options or door-to-door driver assistance if that's what you need.

Step 3: Implement a trial period

Giving up the keys is easier if you do it over a period of time. Pick a date and schedule your first ride with a transportation service during a time you normally drive. Any change takes time to adapt to, so try it out for a while before reassessing and making any necessary adjustments. After this trial period, you should feel more comfortable with someone else driving you, and you get to be in control of your mobility.

For older Americans, it's important to be able to maintain independence when they limit or stop driving. When they are encouraged to create their own driving transition plan, more emphasis can be placed on finding new passions and activities to engage with their communities. The result is a positive impact on people of all ages.

To have that impact, reliable, secure transportation is essential. Having the necessary conversations and researching appropriate transportation options helps keep everyone happy, healthy and safe.

The most common real estate slip-ups for retirees

One of the most stressful aspects of retirement can come down to real estate. Many retirees face several choices, like deciding whether to downsize, buy a second property, keep the family home, or move to a senior community. Realtor.com recently featured some of the biggest mistakes experts say retirees most often make with real estate matters, including:

Holding off too long on moving.

If a retiree wants to purchase a second property, real estate pro Jon Sakalas, cofounder of 5280 Colorado Property Management, suggests the best time to do that is to purchase the property in your 30s or early to mid-40s. He says you'll reap more financial rewards that way. The vacation home could be used as a rental property that can be rented out for possibly up to 20 years then. When you are ready to retire, you can sell that house and take the equity and then buy what you want in the location you want.

Tapping retirement funds to pay off a mortgage.

Retirees ideally should head into retirement mortgage debt-free. But accessing funds from your retirement account isn't usually the smartest way to do that. "This can be troublesome if people are using pretax money, such as IRAs, to pay

a monthly mortgage bill," Pedro Silva, a financial adviser with Provo Financial Services in Shrewsbury, Mass., told realtor.com. "That means they pay tax on every dollar coming from these accounts and use the net amount to pay the mortgage. This can be a significant percentage of someone's monthly cash flow."

Deeding the property to children.

You may want to deed the property to your children as a gift, if you're downsizing into a new home. But you might be better off selling the property to them than deeding it to them. If you deed them the property, you could face an unnecessary tax bill, warns Michael Hottman, associate broker with Keller Williams in Richmond, Va. Hottman points to several reasons why deeding may not be advantageous: You could miss out on the \$250,000 capital gains tax exclusion on the property (\$500,000 for a married couple) and the kids could inherit the "basis," or original price, which is then used as the starting point to calculate capital gains. So when they go to sell the home, they could face a tax on the difference between the current home's value and its basis. If the property did appreciate over that time, they could be looking at a pricey tax bill. Retirees will want to consult a tax specialist to help them decide the best option in such cases.

Low Income Home Energy Assistance Program (LIHEAP)

Program Description

Known commonly as Fuel Assistance, the Low Income Home Energy Assistance Program (LIHEAP) provides eligible households with help in paying a portion of winter heating bills.

Eligible Applicants

Homeowners and renters including households whose cost of heat is included in the rent can apply at the agency in their area. Eligibility is based on household size and the gross annual income of every household member, 18 years of age or older. Household income cannot exceed 60% of estimated State Median Income (see chart below).

Eligible Activities and Funding Requirements

This program provides assistance through a fixed benefit amount for the cost of the primary source of heat with includes, but is not limited to:

- Oil, Electricity, Natural gas, Propane, Kerosene, Wood, Coal, Wood pellets.
- If eligible, discounts are automatically given on: electric bills for investor owned electric utilities, gas bills for investor-owned gas utilities, telephone bills.

Payments for actual usage or fuel delivery are made directly to the heating vendor for primary energy needs from November 1st to April 30th except when the cost of heating is included in the rent.

The Income level eligibility is shown below. For an appointment to apply for this fuel assistance program call Karen Noblit at the Westfield COA – 413 562-6435

Family Size Maximum household income for applicants

1	\$34,001
2	\$44,463
3	\$54,925
4	\$65,387
5	\$75,849
6	\$86,311
7	\$88,272

In general, if a family has children who are eligible for the school lunch program they will be eligible for fuel assistance.

Learning About Lung Health

Q: What are the major lung conditions elders should know about?

A: Diseases of the lung are almost as common as breathing air. Lung problems that are common among older people include: chronic obstructive pulmonary disease (COPD), pneumonia, lung cancer, and asthma.

The Centers for Disease Control estimates that 18.4 million American adults currently have asthma. Lung cancer is the leading cause of cancer death in the U.S. and the second most common cancer among both men and women. Almost 15.7 million people have been diagnosed with chronic obstructive pulmonary disease (COPD), which is the third leading cause of death. The American Lung Association estimates that in 2016 there were 555,374 adults in Massachusetts diagnosed with asthma, 307,924 people with chronic obstructive pulmonary disease, and 4,302 people with lung disease.

***Chronic Obstructive Pulmonary Disease (COPD)** is a disease that makes it hard to breathe. It can be caused by smoking, secondhand smoke, air pollution, chemical fumes, even dust. There are two types of COPD: emphysema and chronic bronchitis. Shortness of breath is one of the most common symptoms of COPD. People who have COPD may feel like their chest is so tight that they can't breathe. They may cough a lot. The coughing may or may not produce sticky, slimy mucus. COPD can also cause wheezing. COPD develops slowly and worsens over time. Shortness of breath may occur even when resting. COPD can lead to strain on the heart, which can result in swollen ankles, feet, or legs. In advanced stages of COPD, people can have blue lips because they do not have enough oxygen in their blood. In older adults, COPD can sometimes be confused with asthma.

Although there is no cure for COPD, if you are a smoker who quits, you may breathe more easily and add years to your life. Your doctor might prescribe an inhaler, a special exercise program, breathing techniques, or extra oxygen. People with COPD should get shots to prevent the flu and pneumonia.

***Pneumonia** is an infection of one or both of your lungs that can exhibit as a fever, chills, trouble

breathing, and a cough with mucus. Pneumonia can make you feel very tired, or sick to your stomach. For some older people, pneumonia can be a serious problem that takes 3 weeks or longer to overcome. Pneumonia is most common in the winter months. It's caused by germs like bacteria, viruses, and fungi. If you smoke or drink a lot of alcohol, your chance of getting pneumonia goes up. You can come in contact with germs that cause pneumonia during a hospital stay or in a nursing facility. Your doctor can do a physical exam to test for pneumonia, take a chest x-ray, or analyze a blood sample. Mild pneumonia can sometimes be treated at home, with pills to fight the infection. Sometimes pneumonia must be treated in the hospital. To prevent pneumonia, don't smoke, get a shot for the flu and pneumonia, wash your hands often with soap and water, and cover your nose and mouth when you sneeze or cough.

***Lung Cancer** symptoms include a cough that does not go away and gets worse over time, constant chest pain, coughing up blood, problems with breathing, wheezing, or hoarseness, problems with pneumonia, swelling of the neck and face, loss of appetite or weight loss. Treatment is based on the type of lung cancer you have and whether or not it has spread to other parts of the body. It also depends on your general health.

***Asthma** is a condition in which your airways narrow and swell and produce extra mucus. This can make breathing difficult and trigger coughing, wheezing and shortness of breath. For some people, asthma is a minor nuisance. For others, it can be a major problem that interferes with daily activities and may lead to a life-threatening asthma attack. Asthma can't be cured, but its symptoms can be controlled. Many people live long, healthy lives with asthma. Some blood pressure medications, like beta-blockers or aspirin, can interfere with your asthma treatment or make asthma worse. Your doctor can help you develop a plan to manage your asthma.

For tips to keep your lungs healthy, go to <http://www.lung.org/lung-health-and-diseases/protecting-your-lungs/>

Getting Older, Staying In Shape

Q: As I get older, does it really matter to stay physically active?

A: Absolutely. No matter your health and physical abilities, you can gain a lot by staying active. There are many benefits from physical activity:

- maintains and improves your physical strength and fitness.
- improves your ability to do the everyday things you want to do.
- improves your balance.
- manages and improves diseases like diabetes, heart disease, and osteoporosis.
- reduces feelings of depression and may improve mood and overall well-being.
- improves your ability to shift quickly between tasks, plan an activity, and stay focused.

If you feel out of shape--but want to remain physically active--the key to success is to build up slowly from your current fitness level, according to the National Institute On Aging.

The place to start is to determine your fitness level. Begin by asking these questions:

- How much time do you spend sitting?
- How much time and how often are you active?
- When you're active, what kinds of activities are you doing?

Here are 5 ways you can test your own fitness:

- measure your endurance by picking a fixed course—once around the block or from one end of the mall to the other. Time how long it takes you to walk it.
- Test your upper-body strength by how many arm curls you can do safely in 2 minutes.
- Test your lower-body strength by how many times you can stand from a seated position safely in 2 minutes.
- front of you with your heel on the floor and your toes pointing up. Bend the other leg and place your foot flat on the floor. Slowly bend from your hips and reach as far as you can toward the toes of your outstretched foot. How far can you reach before you feel a stretch?

Write down your results. If these exercises were hard to do, just do what is comfortable and slowly build up. If they were easy, you know your level of fitness is higher. You can be more ambitious and challenge yourself. You can do these simple fitness tests once a month, and measure your progress at each session.

Muscle soreness lasting a few days and slight fatigue are normal after doing muscle-building exercises, at least at first. After doing these exercises for a few weeks, you will probably not be sore after your workout. For some exercises, you may want to start alternating arms and work your way up to using both arms at the same time. Breathe out as you lift or push and breathe in as you relax. Don't hold your breath during strength exercises. Holding your breath while straining can cause changes in blood pressure. Breathe in slowly through your nose and breathe out slowly through your mouth. Talk with your doctor if you are unsure about doing a particular exercise, especially if you've had hip or back surgery.

Safety during exercises is always important. Walk during the day or in well-lit areas at night, and be aware of your surroundings. To prevent injuries, be sure to use safety equipment. If you are exercising outdoors, dress in layers so you can add or remove clothes if you get cold or hot. Drink plenty of liquids when doing any activity that makes you sweat. Before and after you exercise, do a little light activity to warm up and cool down.

Each year, more than 2 million older Americans go to the emergency room because of fall-related injuries. You can learn exercises that will improve your balance and make you steadier on your feet. You can see pictures and short videos of any of these exercises, plus get more fitness tips by going to the National Institute On Aging website: <https://go4life.nia.nih.gov>.

The Care And Treatment Of Sciatic Pain

Q: Is sciatic nerve pain something I just have to put up with?

A: No, sciatic pain does not have to be a chronic condition. The medical condition called "sciatica" is a major cause of work absenteeism and a major financial burden to both employers and our health care system. Your sciatic nerve is the largest nerve in your body. It begins as a bundle of nerves in your lower back and passes through your pelvis and down the back of each thigh. In the back of the thigh, the sciatic nerve splits into two smaller nerves called the tibial nerve and the peroneal nerve. The sciatic nerve carries impulses from nerves in your lower back to the muscles and nerves in buttocks, thighs, and lower legs. Sciatic pain consists of leg pain, which feels like a 'pinched nerve' or cramp, that can shoot down your leg to your foot, making sitting or standing very painful. Sciatica can occur suddenly, or develop gradually. You might feel a numbness, or a burning or tingling ("pins and needles") sensation in your legs or toes.

The term 'sciatica' has come to be used to describe any pain felt in the leg along the length of the sciatic nerve. The incidence of sciatica is related to age. It is rarely seen before the age of 20, and it peaks in the fifth decade and declines thereafter. Between 13% and 40% of Americans will have sciatica sometime in their life. Sciatica has been called a symptom, a pinched nerve affecting one or more of the lower spinal nerves. The nerve might be pinched inside or outside of the spinal canal as it passes into the leg. Sciatic pain seems to involve a complex interaction of inflammatory, immune, and pressure-related elements. Symptoms like paralysis or incontinence indicate a more serious problem like nerve damage or a disease, and should be reported immediately to your primary care doctor.

The exact nature of the relationship of sciatica to disc, nerve, and pain is not yet certain. A herniated or 'slipped disc' is the most common cause of sciatica, but there is no one basic cause. Not everyone's spinal disks age at the same pace. Spinal disks lose their elasticity over time: they lose fluid and become brittle and cracked. These changes are a normal part of aging.

Another cause can be a small muscle deep in the buttocks that becomes tight or spasms, which puts pressure on the sciatic nerve. Narrowing of the

spinal column, or a vertebra that is out of line, can affect the sciatic nerve. Fortunately, most cases of sciatica are short term, and the pain resolves within a matter of weeks or months. But some cases do not resolve quickly, and 10% to 40% of cases can require treatment for chronic pain.

Most patients with sciatica can be treated by their primary care doctor without the need for further diagnostic testing. The goal is to reduce pain and increase mobility. Physical therapy, with customized stretching exercises to improve flexibility of tight muscles, are often where treatment will begin, along with the use of NSAIDs (nonsteroidal anti-inflammatory drugs) like aspirin or ibuprofen to temporarily relieve pain and inflammation. In other cases, tests like Magnetic resonance imaging (MRI) or computed tomography (CT) scan are used to obtain images of the structures of the back. Spinal injections of an anti-inflammatory medicine, or surgery is available for people who don't respond to other treatment, and who have severe pain. Many people believe that massage, yoga or acupuncture can improve sciatica.

You can take steps to protect your back and reduce your risk for getting sciatica pain:

- Practice proper lifting techniques: Lift with your back straight, bringing yourself up with your hips and legs, and holding the object close to your chest. Use this technique for lifting everything, no matter how light.
- Avoid/stop cigarette smoking, which promotes disc degeneration.
- Exercise regularly to strengthen the muscles of your back and abdomen, which work to support your spine. Whether you are sitting or lying down, tighten your stomach muscles often, hold them tight, then release.
- Use good posture when you are sitting, standing, and sleeping. Good posture helps to relieve the pressure on your lower back. Wrap up a towel for lower back support in your car seat or desk chair.
- Avoid sitting for long periods.

Provided by Highland Valley Elder Services

HEALTH MATTERS: Vertigo

by Robert Gifford, M.D.

Several years ago I set out to repair some wiring under the dashboard of my car, but after a few moments I began to feel dizzy, as if the world were spinning around, and even became somewhat nauseated. I was lying on my back, looking up, with my head slightly turned to one side. Upon standing up again, the unsteadiness slowly began to dissipate. A week or so later, I was repairing a pipe under the kitchen sink and the same sort of dizziness returned, lasting for a minute or so. Over the next two months, I noted similar sensations, often while lying in bed. The symptom that I experienced is known as **vertigo**, a type of dizziness that makes you feel as if you are spinning, swaying, or tilting, or as if the room is moving about you.

Vertigo is a symptom, not a diagnosis, because there are many possible causes. Although severe, sometimes incapacitating vertigo can be caused by a virus or post-viral disorder (known as vestibular neuronitis or labyrinthitis), it can also rarely be a symptom of a serious brain problem such as a stroke, or of a neurologic disease such as multiple sclerosis. Most causes of vertigo, however, are less severe and stem from a problem in the inner ear. Deep inside the ear, there is a small network of tubes (called semicircular canals) that are filled with fluid. Floating inside that fluid are special tiny calcium deposits (otoliths). The movement of these otoliths within the canals tells the brain what position the body is in and helps us to keep balanced. Head injuries or concussion can damage the inner ear and cause vertigo. And some migraine

headaches as well as certain medicines can affect the inner ear to cause this symptom.

But by far the **most commonly recognized cause of vertigo** is the type that I had experienced lying on my back in my car, a condition called **Benign Paroxysmal Positional Vertigo** or **BPPV** for short. Most such patients describe a brief spinning sensation brought on when tilting the head backward to look up or after a sudden turn of the head. The dizziness is usually quite brief, lasting a minute or less, but often severe enough to halt the activity, and it may be accompanied by nausea. **Importantly, there is no ear pain, hearing loss, or ringing in the ears associated with this form of vertigo.** These episodes of vertigo often recur periodically for weeks or months, but **almost always are provoked by specific head movements** such as looking up while standing or sitting, lying down or getting up from bed, or rolling over in bed. The diagnosis is made by confirming that the vertigo is related to sudden head movements and associated with some characteristic rapid eye movements that can be confirmed by your doctor via a well-established maneuver.

The symptoms of BPPV are attributed to the **abnormal movement of bits of calcium debris that have formed within one of the semicircular canals in the inner ear** and can move about within the canal to provoke the sensation of vertigo. The source of this debris is not entirely known but is more common as we age. Remarkably, it is often possible to "cure" the symptoms of BPPV by actually repositioning these tiny calcium particles in the canal simply through a series of special movements and maneuvers of the head performed by your doctor. The best evidence of efficacy is with the so-called Epley maneuver. However, even without such treatment, episodes usually resolve spontaneously over days to weeks, but often may recur.

In summary, if you are experiencing episodic brief bouts of vertigo associated with sudden changes in position, you probably have Benign Paroxysmal Positional Vertigo. Since there are other causes, it is probably wise to consult your physician to confirm the diagnosis.

Merry-Go-Rounds and Maypoles!

Remember when we used to TRY to make ourselves dizzy?

"Round about
And round about
And round about I go ---
All round the table,
The table in the nursery ---
Round about
And round about
And round about I go."

- A.A. Milne, from "Busy"
in *Now We Are Six*

Dr. Gifford (aka Bob or the Doctor of Doggerel) is Professor of Medicine Emeritus at Yale University School of Medicine and former Chair of HomeHaven's Health Committee. He writes this column in collaboration with members of the Committee. Suggestions for subjects are welcome and may be sent to Bob at bobbvgj32@gmail.com.

Dates to Remember in Tolland

September 3 – Monday -Labor Day – Town Hall Closed

September 4 – Tuesday - Primary Election Day – Polls open at the PSC from 7 AM to 8 PM

September 22 – Saturday - Feisty Fall Feast – 6 PM at the PSC – send in your reservations

September 29 – Flu Shots and Health Fair at the PSC – Watch News and Notices for more Information

October 8 – Monday - Columbus Day – Town Hall Closed

November 6 – Tuesday - Election Day - Polls at the PSC open from 7 AM to 8 PM

November 11 –Sunday - Veterans Day

November 22 – Thursday - Thanksgiving Day

December 25 – Tuesday - Christmas Day

“Experience is simply the name we give our mistakes.” Oscar Wilde

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