******* Senior*resource*.com E-zine *******
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CONTENTS

A. **Comments made in 1957**
B. **Trusting To Safety in Hospitals**
C. **Does Your Life Insurance Policy Have A Life Of Its Own?**
D. **Did You Know?**
E. **Thought For The Day**
F. **An Update on Affordable Housing**
G. **FREE**
H. **Special Surfing Sites**
I. **Oh My Aging Funny Bone**

Our present Survey is waiting for your input! Your privacy is respected. We don't capture your email or plant code in your computer. We receive only the answers you provide. It helps senior*resource*.com and our clients serve you better by knowing "you" collectively!

A. Comments made in 1957:

"I'll tell you one thing, if things keep going the way they are, it's going to be impossible to buy a week's groceries for $20."

"Have you seen the new cars coming out next year? It won't be long before $2000 will only buy a used one."

"If cigarettes keep going up in price, I'm going to quit. A quarter a pack is ridiculous."

"Did you hear the post office is thinking about charging a dime just to mail a letter?"

"If they raise the minimum wage to $1, nobody will be able to hire outside help at the store."

"When I first started driving, who would have thought gas would someday cost 29 cents a gallon. Guess we'd be better off leaving the car in the garage."

"Kids today are impossible. Those duck tail hair cuts make it impossible to stay groomed. Next thing you know, boys will be wearing their hair as long as the girls."

"I read the other day where some scientist thinks it's possible to put a man on the moon by the end of the century. They even have some fellows they call astronauts preparing for it down in Texas."

"Did you see where some baseball player just signed a contract for $75,000 a year just to play ball? It wouldn't surprise me if someday they'll be making more than the president."

"I never thought I'd see the day all our kitchen appliances would be electric. They are even making electric typewriters now."

"It's too bad things are so tough nowadays. I see where a few married women are having to work to make ends meet."

"It won't be long before young couples are going to have to hire someone to watch their kids so they can both work."

"Marriage doesn't mean a thing any more; those Hollywood stars seem to be getting divorced at the drop of a hat."

"I'm just afraid the Volkswagen car is going to open the door to a whole lot of foreign

business."

"Thank goodness I won't live to see the day when the Government takes half our income in taxes. I sometimes wonder if we are electing the best people to Congress."

"The drive-in restaurant is convenient in nice weather, but I seriously doubt they will ever catch on." "There is no sense going to Lincoln or Omaha anymore for a weekend. It costs nearly $15 a night to stay in a hotel."

"No one can afford to be sick any more; $35 a day in the hospital is too rich for my blood."

"If they think I'll pay 50 cents for a hair cut, forget it."

See our collected jokes.

B. TRUSTING TO SAFETY IN HOSPITALS

THUD! It was an unmistakable sound. All of us at the nurses station heard it. The physical therapist sitting next to me jumped up and was the first to arrive in her room. Alice was on the floor and the wheelchair was on top of her. She had fallen straight forward, "strapped in" her wheelchair. Alice struck her head on the floor with a very solid impact.

Help was there immediately. Unfortunately, the damage was already done. Nurses and therapists surrounded her and the doctor was summoned. X-rays, CT scans and a cervical collar were ordered. Every effort was made to be sure that no potential injury was overlooked.

When the sense of urgency had subsided, and we knew that Alice would be alright, her family was contacted. Once they were assured that their mother was okay, the question turned to: How did this happen?

The staff believe Alice simply fell asleep in her wheelchair and fell forward. If this were the case, one might assume that no one is to blame -- "accidents happen". However, nothing could be further from the truth. Hospitals are in the business of caring for their patients. Their mission is to safe guard the patients under their watch.

All patients are to be assessed upon admission for the potential of falls. An "action plan" is then implemented to decrease that likelihood. Unfortunately, the “action plan” is not always followed.

The incidence of falls in hospitals is an alarming number. National averages indicate that

annually, acute care general hospitals experience approximately 1,000,000 fall occurrences per year. Sadly, 30% of those falls result in injuries. Of those injuries, 5%, or 52,500 will involve serious trauma such as a hip fracture.

It is safe to assume that all patients are at some degree of risk of falling. Impaired mental status (i.e. confusion, disorientation), impaired memory, as well as those patients taking medications that act on the central nervous system, such as sedatives and tranquilizers may increase the chance of falling.

New products are on the market to assist hospital staff in protecting their patients. Bed and motion alarms, which alert staff if someone is trying to get out of bed, are in use. Low beds or Vail “enclosed bed systems” may be employed. Physical and chemical restraints are still being used as well, although many facilities are working to move to “restraint-free” environments as restraints have not proven to reduce falls.

Simple care strategies should also include:

- Non-skid footwear
- Improved lighting
- Minimized clutter near the patient’s bed
- Frequent patient checks

To help prevent the accidents that might happen, check to be sure that the hospital staff has a program in place to minimize the risk of a fall.

Families can also play an important part in creating a safe hospital environment. The following guidelines will help ensure maximum safety of your loved ones.

- Request a copy of the hospital’s Fall Prevention Policy and Procedure.
- Review the policy and procedure to determine if a safe plan is in place.
- If restraints are indicated for your loved one request a copy of the hospital’s Restraint Policy and Procedure. Restraints if used correctly, can be a part of a hospital’s safety plan. However, restraint use can also pose its own safety risk. Be sure they are monitored as outlined in the Restraint Policy.

Patients are to be assessed continuously to evaluate their safety risk. Studies report that between 16% and 52% of patients experience more than one fall during a hospitalization. Be alert for changes in condition that warrant a change to a Fall Prevention Action Plan.

Depending on the nature of an individuals care needs, a 24-hour sitter may be the only option to ensure safety. Hospital staff should assess for this high level of monitoring.

Effective fall prevention requires the involvement of all hospital staff. Gentle

reminders may be helpful if they appear to not be following safety guidelines. If this approach does not work, request to see someone in authority to ensure the safety of your loved one. Hospital stays are difficult enough without the added burden of a serious fall. Being attuned to these issues will decrease the likelihood of ever hearing "THUD".

Brent C. Aleshire is a leader in educating seniors about the health care process through his public speaking, workshops and consumer handouts. With a Masters degree in Social Work from the University of Wisconsin-Milwaukee, he has been an insider in the health care industry since 1980. His audio tape, "Hospitals: Understanding The Maze", is a Mature Media award winner.

C. DOES YOUR LIFE INSURANCE POLICY HAVE A LIFE OF ITS OWN?

Seniorresource.com receives a frequent inquiries from companies that buy life insurance policies from those with short life expectancies. The sale of a policy on the life of someone still living is referred to as a “Life Settlement”. Companies are springing up that specialize in this type of transaction. They make money on the spread between the face value of the policy which reflects what the insurance company will pay out upon the death of the insured and the amount that they discount the policy when they pay cash to the still-living insured.

Was that a resounding “no way” we heard through cyberspace as you read this? Most people see their life insurance as a way to leave a bit to their children. Or to enable their children to cover the cost of burial for them. Or those with large estates see life insurance as a way to make money available to their heirs for paying the tax obligation of the estate they leave behind. Why would they want to receive only a discounted portion of the amount, and feather the pockets of the life settlement agent?

In defense of life settlements, the sale of a policy to a third party or life settlement company can benefit the insured by giving them cash now, when they might have need of it, rather than waiting to have it be paid out to the beneficiary on the policy posthumously. The practice of selling the policy came into its own when HIV-AIDS came to the fore. Initially, persons with AIDS who suffered long and agonizingly protracted deaths saw no reason to continue to pay for life insurance. Then expensive combination medicines were developed that could keep them alive and life settlements became a way of staying ahead of drug bills and paying for the life-saving "cocktail".

Your next question might be, "If seniorresource.com is contacted by many of these life settlement companies, why are there no ads for them on any of the many seniorresource.com

pages?"

Honestly, its not for lack of trying. Every time one of the Life Settlement companies contact us we generate an agreement for them to post a listing in our state resources pages. Not one has ever followed through. Our policy on advertisers is not to endorse any one, but to accept advertisers because it facilitates your ability to get access to informational sources. Seniorresource.com offers opportunities for surfers and subscribers to educate themselves about options and opportunities. Only you know the circumstances for which the information is useful. Only you can decide if it would be right for you.

Recently we were contacted by a company that trains insurance agents in the particulars of the secondary market for life insurance (we often are spammed from companies trying to sell things to our advertisers and sponsors.) We wanted to share with you the reasons why an insurance agent would benefit from buying out your life insurance policy.

1. The agent earns a fee from the transaction with the Life Settlement company.

2. He or she could then have the opportunity to make additional commissions from selling you another life insurance policy with some of the funds.

3. If the agent was the one who originally sold you the life insurance policy and it has lapsed because you could no longer pay it, the life settlement company would re-instate the policy and the agent would again receive commissions on the premium payments.

Make a decision to sell a life insurance policy with caution. Don't be sold the idea. Look at the long-term implications of the decision, not just the short term ones. Consult professionals you trust -- your accountant, your elder law attorney or estate planner. In the absence of these ties, talk it over with your family and the named beneficiary of the policy. If you don't have a good relationship with your beneficiaries (to often a sad reality of parent-child relationships), they may still have good arguments why you should not take a life settlement and they may come up with a convincing reason why you should reconsider the decision.

D. DID YOU KNOW...

More than 90 percent of seniors said they expect to rely on Social Security as their top source of income during retirement. The breakdown of seniors' expected reliance on other sources of income during retirement were as follows:

- 56% expect to have income from a pension or other defined benefit plan
- 50% have personal savings and IRA's

- 39% expect income from stocks, bonds or mutual funds that are not part of a 401(K) or other retirement plan
- 27% expect income from a 401(K) or other defined contribution plan
- 25% anticipate working part-time
- 15% expect to use assets from the sale of a home or business
- 9% are counting on an inheritance
- 7% expect to receive a cash payout from an insurance policy

From a 2004 survey of 62-75 year olds conducted by FinancialFreedom Senior Funding Group, the nation's largest reverse mortgage lender.

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At 108 years old the Statue of Liberty measures 35 feet in diameter at the waist. I guess I'm way ahead of her with staying in shape.

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If the smoke detectors in your home are not hard wired but battery-run, you should change the batteries twice a year. The detectors themselves should be replaced every ten years.

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According to Charles Ettari, MD and Medical Director at Scripps Mercy Hospital, San Diego, CA, almost 24% of nursing home residents suffer from depression. Late-onset depression has a higher rate of causing physical illness than depression experienced earlier in life or as a lifelong pattern.

E. THOUGHT FOR THE DAY

"Don't confuse fame with success. Madonna is one; Helen Keller is the other. "
Erma Bombeck from Beth@...

F. AN UPDATE ON AFFORDABLE HOUSING

If the November article about finding affordable housing did not leave you hopeful, we are sorry to the add to the bleak prospects with an update on consideration in a trend-setting state to change the administration of housing vouchers. This,

accompanied by proposed reduction in the funding for such programs and a raising of the ceiling paid by a resident to higher than 30 percent of monthly income, could mean there will be even less local help for low income seniors and families. Although this will not impact HUD 202 or section 8 programs, it will impact residents on vouchers in market rate or unsubsidized housing units.

On the upbeat side, Medi-Cal (California equivalent of Medicaid) is conducting a pilot program to allow those qualified for Medi-Cal to receive a waiver for assisted living. This three year test period will take at least 500 qualified residents and pay for their assisted living through Medi-Cal. If it proves to be workable and saves the state from having to support Medi-Cal recipients in nursing homes (which are much more costly than assisted living housing) when a lesser medical model of housing will do, we can expect to see other states jump on the chance to follow suit. We just need to be patient.

G. FREE

Every County offers FREE legal services for seniors under the federal Older Americans Act. Information about the services available in your area can be found by calling your county law librarian and/or district attorneys office. Find their numbers in the front of the white pages of your telephone book. In the front there is a listing for City Offices, followed by County offices and then State Offices. In the County offices you will find a listing for “Libraries” and one of the listings will be for the Law Library. There will also be a District Attorney’s Office listing.

H. SENIOR SURFING SITES

If your sense of balance has been pushed to it's limits with the ridiculousness of a flu vaccine shortage in what we thought was the most affluent nation followed by the ruling to qualify excluding Santa Claus because he was only 62, go to http://www.FluShotsOnline.com and smile at the attitude of B.T.Ling who developed the site after standing on a flu shot line for hours to save a spot for an age-qualified friend.

Find information about legal issues for seniors at the Administration on Aging website.

I. OH MY AGING FUNNY BONE

An older Jewish gentleman was on the operating table awaiting surgery, and he insisted that his son, a renowned surgeon, perform the operation. As he was about to go under he asked to speak to his son.

"Yes, Dad, what is it?"

"Don't be nervous, son. Do your best and just remember, if it doesn't go well, your mother is going to come and live with you and your wife."

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