



Florida Association of Aging Services Providers e-Newsletter

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Sponsor: Broward County Elderly and Veterans Services Division

Guest Editor: Andrea Busada, Director, Broward County Elderly and Veterans Services Division

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Message from the President

by John Clark, Council on Aging of West Florida, Inc.

This is a special time of year for people of many faiths and cultures. No matter whether you celebrate the Christian holiday of Christmas, the Jewish holiday of Hanukkah or the African-American holiday of Kwanzaa (or any combination); it is a very special time of year for all of these traditions. Certainly all three are unique in their history and purpose. However, to me they all seem to have a thread in their celebrations and tradition of gratitude and thanksgiving. And what a wonderful time of year to examine ourselves as to why we should be grateful for what we have and who we are.

Several years ago at a Florida Council on Aging Conference one of our main speakers mentioned that when she woke up every morning she tried to infuse herself with an "attitude of gratitude." For some reason that has stuck with me for these many years. For

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while this special season is a great time to be thankful for all we have; it is truly regrettable that we cannot go through each day of our life with that "attitude of gratitude."

I understand that gratitude is a funny thing. I know when life is slapping you in the face with, in some cases, unspeakable challenges; it can be hard to be "grateful." Yet I am amazed at how some people I meet who are facing these challenges just exude gratitude about their lives in general. They remain upbeat and thankful for what they do have in their lives. I can only wonder if perhaps it is because these individuals have been grateful every day of their lives for all the innumerable reasons (faith, people, places and things) for gratitude. So, when faced with a challenge, they are able to draw on their life of gratitude. They have lived life with an attitude of gratitude. Now, I recognize



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Guest Editorial by: Andrea Busada, Director of Broward County

All of us are extremely familiar with the major issues facing the aging population and their caregivers. We are keeping abreast of the Affordable Care Act and Medicaid managed care programs. We are beginning to realize the impact of the aging boomer population and feeling the daily impact of Sequestration. We help people every day who are having difficulties with affordable housing, transportation, nutrition and health care and we spend a large amount of our time keeping abreast of these major issues.

Recently, however, I began thinking of some other issues that impact our aging population on a daily basis, and although they may not seem to require immediate attention, in the long run they will. Examples include hearing loss, HIV/AIDS, malnutrition (even when food is readily available), oral care and mental health.

I have been researching hearing loss quite a bit in the past few months –my father is beginning to lose his hearing and so am I. My father is a retired high school track and field coach, and because his hearing loss is mostly in his right ear, he believes it to be the result of having fired a starter's pistol literally thousands of times during practices and meets. While hearing loss certainly does not present the same urgent needs as other health/medical problems, it is extremely common and can adversely affect seniors in a number of ways. According to NIH Senior Health, approximately 17 percent of Americans report some degree of hearing loss, but that number increases dramatically with age – 30 percent of adults 65-74 years old, and 47 percent of adults 75 years of age or older, have a hearing impairment.

People with hearing loss cannot participate in conversations, are sometimes perceived to be confused and unresponsive, and can slowly withdraw from their normal social activities. They may become depressed or withdrawn from others to avoid feeling frustrated or embarrassed.

After reading this information, I began to research the incidence of depression in seniors. Our agency provides mental health and substance abuse services to seniors so we see every day the need in the community for these programs. I was shocked and dismayed to read the statistics concerning suicide in the aging population and that it is almost always brought on by depression. Seniors have a higher suicide rate than the overall population. In recent years, deaths by suicide have surpassed homicide and vehicular deaths. According to the Centers for Disease Control's 2010 fatal injuries report, an average of one senior every hour commits suicide. Seniors made up 13.0% of the population in 2010, but comprised 15.6% of the suicides. Florida's rate is higher than the national rate and Florida ranks 14th in the country for senior suicide deaths. White men over the age of 85 have the highest suicide rate of any age-gender-race group.

Current data is also indicating an alarming increase in the suicide rate amongst baby boomers. Boomers had higher youth suicide rates than earlier generations so as they are beginning to age (when the risk traditionally goes up) the trend is becoming even more noticeable. Experts, including Patrick Arbore, director and founder of the Center for Elderly Suicide Prevention at San Francisco's Institute on Aging, believe that boomers are reluctant to accept the realities of aging. They grew up in an era of significant scientific, technological, medical, societal and cultural advances and it is thought that those very advantages are making it more difficult for them to cope with setbacks, including those faced when beginning to age. Exacerbating their anxiety is a sense that the world is more dangerous than when they were young. In their youth, threats such as the atom bomb and the Vietnam War loomed large, but they were in another part of the world. Attacks such as those on the World Trade Centers and the Boston Marathon have changed this paradigm.

As mentioned above, and according to the National Center for Injury Prevention and Control, depression, often undiagnosed and/or untreated, is one of the leading causes of suicide among the elderly. We should take this into consideration when spending time with our clients. Common risk factors include:

- Recent death of a loved one
- Physical illness
- Pain
- Fear of a prolonged illness
- Perceived poor health
- Social isolation and loneliness
- Major changes in social roles

In many instances, we are the "first line of defense" for the seniors we serve. Being attuned to all of the issues facing their well-being, even those that are not normally considered urgent, can help our clients live happier, healthier lives. In the meantime, I am going to try to talk my dad into visiting an audiologist, and I am going to turn down the volume on my car stereo.

FASP Board Retreat Meeting Summary

Strategies for 2014 Action Plan

A. Brainstorming – Programs & Services

Margaret Lynn Duggar gave an overview of Medicaid Managed Care implementation and Older Americans Act state budget reductions due to sequestration.

Expanding membership: there may be an opportunity to incorporate providers from related disciplines, i.e. disability-related providers. The FASP Board represents mostly Community Care for the Elderly-related rather than representative of the entire continuum. It may be wise to incorporate more Older Americans Act funded representation in the FASP organization.

Board members shared the current status of their organizations and actions they have taken to ensure the future may be for their organizations in light of recent policy changes and transitions:

- Karen Deigl provided a handout and detailed the experience of conducting a Comprehensive Needs Assessment. Senior Resource Alliance collaborated with 30 organizations. The project lasted over a year. They hired a research company for \$75,000, plus incidental charges. Nearly 450 people (50+ years of age) were confirmed respondents after thousands of phone calls. The project was helpful to evaluate what priorities should be in the future; including who should provide services and which services need to be provided. The resulting document is a useful tool for writing large grants. They will begin to have a non-profit networking breakfast every two months for those who provide senior services in the Indian River area. This will provide better communication among agencies. They have developed a palm card that lists health, dental and other services available in the area.
- Sarah Stroh mentioned the Senior Alliance Community Booklet that lists the resources in their community. Terri Barton and Anthony Clarizio also have a resource kit for their community.
- Terri Barton explained the Consumer Directed Care program which serves veterans. Her organization sponsored a community workshop in Jacksonville conducted by the Veterans Affairs to educate veterans about the services available to them in the non-skilled home health areas.
- Mark Cornett provided a handout and described the process of Behavioral Health accreditation. This action was designed to make the agency more marketable and more valuable.
- Sue Maxwell - Hospitals are becoming increasingly interested in care transitions. Lee Memorial has hired seven nurses to work mainly with COPD and Congestive Heart Failure since they are the largest groups that come back to the hospital as readmissions. Providers are more likely to be able to partner with large hospital organizations if they are willing to share risk, but a cap on risk may be

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National Family Caregiver Support Program

Evaluation of the National Family Caregiver Support Program

The Administration for Community Living is directing a national, comprehensive evaluation of the National Family Caregiver Support Program (NFCSP). The evaluation will assess the impact of the program at several levels and will document how NFCSP goals are being met and how programs are being implemented in the field.

[The Federal Register Notice](#) for public comment regarding the proposed NFCSP Evaluation information collection activities was posted on November 20, 2013. Written or electronic comments on the proposed information collection activities must be submitted to [Alice-Lynn Ryssman](#) by January 21, 2014.



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that is not an easy thing to have this daily attitude of gratitude; at least for most of us.

We may wake up in the morning wanting to go through the day with an “attitude of gratitude,” but quickly fall off the wagon as soon as the first challenge of the day faces us; and let’s face it, that could be on our drive to work or the first phone call at 8:05. It could be a serious challenge or it could be something as petty as a waiter who forgets to bring us the correct order during our lunch. So much for having the attitude of gratitude; how many times have we been quick to complain about something petty, but very slow (or perhaps hardly ever) to compliment or thank someone? Unfortunately I have to plead guilty.



Certainly we can all pledge during this special time of year to make an effort to be grateful for what we have in life; big and small. Some of the big stuff; our faith, our families, our friends, our lives, our pets, our freedoms and our country. Some of the little stuff; our house, our car, our jobs, and our ability to laugh. Perhaps if we could become persistent in our gratitude for all these big and little “things,” we could eventually lead a life with this attitude of gratitude. I know it would take practice.

I hope you all have a great holiday season, no matter how you may celebrate it.



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necessary. Hospitals may favor providers with Chronic Care Management training.

- Doug Beach - be careful about different ways of raising money. In the long term you should focus on what you do well and build on it. On the private pay side they are looking into housekeeping, handyman and private case managers. They would be able to advertise as licensed, bonded with 40 years of experience.

Different but related services to investigate:

Falls Prevention is becoming a much larger issue among older adults. Every provider should be taking steps to meet the needs of those adults at risk of falling.

Dealing with consumers from the Developmental Disabilities community is another potential area of expansion for aging providers. For example, it is estimated that more than 99% of those with Down syndrome will have Alzheimer’s disease as they age. A workshop or webinar on this topic might be of interest to FASP members.

Veterans Affairs could be a potential partner for providers. This could be a win-win as both provider agencies and VA learn about the services each can offer to veterans and their families.

B. What do FASP members need that FASP can provide?

Highlights included:

- FASP Executive Committee meets with DOEA quarterly. The questions gathered from the Board always remain anonymous. As a member benefit, FASP could provide a way for members to raise questions and offer policy suggestions that could be presented to DOEA during these calls.
- Judging by the high renewal rate, current members value their membership. How do we expand or improve in a way that won’t be too different from what members currently like about FASP?
- Social media strategy, rather than a newsletter, may be effective for supporting members. Some organizations are writing grants in order to create a staff position focused on social media branding. Bring the information to the members and remind them why they are members. How should the infor-

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mation be packaged? More emails tend to result in members unsubscribing from email alerts.

- Senior Centers are prospective members because they provide services.
- Anthony Clarizio described how the Home Care Association's focus has become what their membership needs that no one else can provide. In the last few months, 177 home care agencies have closed, and many were members of the Home Care Association. They went back to their members and asked "What is it that you want from us?" FASP will be examining the future needs of its members in 2014, too.
- FASP needs to do a better job at branding so people will know what FASP does and what it offers.
- FASP intensives could be offered regionally for a minimal cost to help members save on travel expenses. Webinars were previously done but were not cost effective at the time.

Member Services: Bi-monthly newsletter

The Newsletter is one of the primary benefits as it generates revenue and holds tangible benefits.

Guest editors were named for the 2014 publication schedule of the newsletter as follows:

January/February: John Clark

March/April: Mark Cornett

May/June: Doug Beach/Sue Maxwell

July/August: Karen Deigl/Sarah Stroh

September/October: Mary Smith

November/December: Terri Barton

Discussion took place about newsletter editors sending in "roundtable" ideas for articles to go with their newsletter responsibility.

Discussion took place regarding by-laws and the inclusiveness of FASP membership. An Ad Hoc Committee will be formed to discuss more in depth the current FASP mission and related strategic issues: Sarah Stroh, Sue Maxwell, Liz Lugo, Karen Deigl, John Clark and Anthony Clarizio.

Florida Conference on Aging 2013 Conference Report

Darrell Drummond mentioned the Conference was enjoyable and well attended, and reported on the 2013 Florida Conference on Aging by reviewing the highlights of the report with the Board.

At-Large Organization Reports

Board members gave updates on their respective organizations:

- AARP: they have identified 10 cities where they would like to raise their visibility in the communities, including Jacksonville. AARP is very involved in Affordable Care Act implementation. AARP is excited to engage in communities on a local level.
- Volunteer Leadership Institute: Larry Dixon was chosen to represent Florida in the Think Tank; 23 people were chosen to represent areas around the country.
- Florida Adult Day Care: they have been focused on member benefits. They have 250+ Adult Day Care Centers in Florida. They are doing an analysis of those organizations to know if they are part of a larger organization. They would like to do more web-based education in areas like Alzheimer's training required by statute. In regards to managed care, ALF's can provide ADC without a license. FADSA wants to get the ALF day care exemption removed from Chapter 429.
- Florida Association of Coordinated Transportation: they are considering an advocacy initiative and also supporting FCOA this year with a contribution.
- Florida Association of Senior Centers: they are focusing on evidence-based programs. When surveyed, most seniors 60 and over said that socialization was the thing they would most hate to lose in their community.
- Senior Corps funds Foster Grandparents (FGP), Senior Companions and RSVP Programs: many

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of those programs were not affected by sequestration through December because of how the grants are structured. However, some did experience cuts and should sequestration continue, Senior Corps programs will experience larger cuts.

Advocacy

Management Firm gave an overview of history on initiatives and fundraising of the Florida Council on Aging and FASP. The advocacy fundraising goal this year for the Florida Council on Aging is \$54,050. The advocacy initiative will focus on funding for home and community-based services. Sign-up sheets were circulated for local legislative visits. Margaret Lynn Duggar and Robert Beck plan to coordinate visits to legislators with Board members in January.

Management Firm Status Report

The management firm status report was presented to the Board. Renewal notices to members of FASP were mailed in April, May, June and July. Board and staff have initiated calls and emails to all non-renewing members. Periodic member alerts are sent via email. Board support provided through the year included the preparation of agenda and related materials for Board meetings and Executive Committee teleconferences; preparation of minutes for same; and conducting the Board Retreat. Monthly financial reports are prepared for the Treasurer's review. The management firm coordinated the sponsorship and publication of the bi-monthly e-newsletter. The Board approved a three year contract with MLD&A for 2014-2016.

Proposed 2014 Operating Budget

Treasurer Angela Vazquez reported on the proposed 2014 Operating Budget. The budget includes a total projected income for the year of \$41,792. The total projected expenses for the year are \$41,792. The Board approved the proposed 2014 Operating Budget.

Proposed 2014 FASP/FCOA Joint Conference Agreement

The Executive Committee recommended that the Board vote in favor of the FASP/FCOA Joint Conference Agreement. The Board approved the proposed 2014 FASP/FCOA Joint Conference Agreement.

Membership Report

FASP has 156 members, both individuals and organizations. Board members are tasked with bringing in \$300 every two years in membership revenue. The membership renewal rate is 92%. Strategies for Membership: Board members could host networking events for FASP members by PSA. They could be coordinated with advocacy trips to meet with Legislators.

FASP Board Appointment

The Board approved the President's request to appoint Andrea Busada to replace Ginna O'Connor as 2nd Vice President. Ginna O'Connor resigned from the Board due to a change in employment and residence outside of Florida.

Presentation by Jim Croteau, Interim Florida Long Term Care Ombudsman

Jim Croteau is the Interim Florida LTC Ombudsman in a management consultant capacity. The Ombudsman program has been in place for over 30 years and is mandated through the Older Americans Act. It is separate and distinct from the Department of Elder Affairs (though they work closely with DOEA). They work in LTC residences, with 9 staff members in Tallahassee, 3 regional managers, 14 district managers, and 370 volunteers. Of all the staff, 30 are paid staff members.

Jim Croteau provided an overview of relevant topics of the Ombudsman Program: Volunteers participate in 20 hours of training and field experiences. They recertify each year by participating in 10 hours of education. Most volunteers are retired professionals and family members of those who have spent time in LTC institutions.

Highlights included facts about the Ombudsman Program:

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- Is charged to ensure residents are aware of their rights.
- Do annual assessments in licensed facilities.
- All complaints are treated as anonymous complaints so that threats of retribution are minimized.
- A facility can be fined if they deny access to an Ombudsman.
- They are charged to complete four visits each year per facility. One visit includes the annual assessment.
- Approximately half of the complaints received by the Ombudsman program had no basis or should have already been solved at the local level.
- ADRC's handle Home & Community Based Services (HCBS) complaints.
- The current annual assessment is eight pages, but will likely be shortened.
- Clients who are unhappy with an experience in managed care must first go through a managed care grievance process before the Ombudsman will step in.
- AHCA Health Finder is a good resource for those selecting a facility.
- Volunteers are reimbursed for travel mileage. Over \$300,000 is spent annually on mileage reimbursements.
- A list of local Ombudsman representatives is on the Ombudsman website:
<http://ombudsman.myflorida.com>
- The Independent Consumer Support Program was put in place to help get CMS approval.
- Those reporting complaints about managed care must use the term "urgent" and "grievance" in order to move toward resolution in 30 days, otherwise the period is 90 days. If someone does not go through the grievance process and believes they are not receiving a service they deserve, they can request a fair hearing. The Benefit Appeal Panel is a medical panel that reviews the client situation and whether or not they are being offered the service they need based on their situation. The managed care organization is supposed to report all complaints and how they are resolved to DOEA.
- Long Term Care Waiver clients in an ALF can contact the Ombudsman Council after they go through their care plan's grievance process and if the grievance process does not satisfy the complaint.
- Managed Care Plans have 90 days to respond to complaints, depending on the level of urgency expressed by the client.
- ADRC's are the complaint vehicle for those in home and community based services.
- Case managers are supposed to assist with the grievance process, but the Ombudsman is not allowed to tell people to call their case manager for assistance.
- Every complaint referral to managed care organization will be reported to DOEA by the Ombudsman program.
- The Ombudsman is authorized to assist people in a fair hearing, but is not authorized to assist people in fair hearings related to managed care plans.
- The Ombudsman program responds to all calls within 24 hours.



Pet Project: Pet Meals on Wheels



Project Pup, Inc. has a "pet project." Their program is a Pet Meals on Wheels program that provides pet food for cats and dogs in Marion County. For seven years, the project has operated without any taxpayer dollars. On average, they feed 100 dogs and cats in Marion County. The pet food is sent out every Wednesday with Meals on Wheels volunteer drivers who deliver a 1-week supply. For more information about this program, you can visit their website at www.projectpupinc.org.

VA Health Benefits News

VA Offers Dental Insurance Program

November 15, 2013



WASHINGTON (Nov. 15, 2013) – VA is partnering with Delta Dental and MetLife to allow eligible Veterans, plus family members receiving care under the Civilian Health and Medical Program (CHAMPVA), to purchase affordable dental insurance beginning Nov. 15, VA officials announced today.

“VA continues to explore innovative ways to help Veterans get access to the care and services they have earned and deserve,” said Secretary of Veterans Affairs Eric K. Shinseki. “This new dental program is another example of VA creating partnerships with the private sector to deliver a range of high-quality care at an affordable cost, for our Nation’s Veterans.”

More than 8 million Veterans who are enrolled in VA health care can choose to purchase one of the offered dental plans. This three-year pilot has been designed for Veterans with no dental coverage, or those eligible for VA dental care who would like to purchase additional coverage. Participation will not affect entitlement to VA dental services and treatment.

There are no eligibility limitations based on service-connected disability rating or enrollment priority assignment. People interested in participating may complete an application online through either Delta Dental, www.deltadentalvadip.org, or MetLife, www.metlife.com/vadip beginning Nov. 15. Coverage for this new dental insurance will begin Jan. 1, 2014, and will be available throughout the United States and its territories.

Also eligible for the new benefits are nearly 400,000 spouses and dependent children who are reimbursed for most medical expenses under VA’s CHAMPVA program. Generally, CHAMPVA participants are spouses, survivors or dependent children of Veterans officially rated as “permanently and totally” disabled by a service-connected condition.

Dental services under the new program vary by plan and include diagnostic, preventive, surgical, emergency and endodontic/restorative treatment. Enrollment in the VA Dental Insurance Plan (VADIP) is voluntary. Participants are responsible for all premiums, which range from \$8.65 to \$52.90 per month for individual plans. Co-payments and other charges may apply.

Historically VA’s free dental services have gone to Veterans with dental problems connected to a medical condition that’s officially certified as “service connected.” Free dental services will continue for those Veterans.

For more information on VADIP, visit www.va.gov/healthbenefits/vadip, or contact Delta Dental at 1-855-370-3303 or MetLife at 1-888-310-1681.

Veterans who are not enrolled in the VA health care system can apply at any time by visiting www.va.gov/healthbenefits/enroll, calling 1-877-222-VETS (8387) or visiting their local VA health care facility.



Apply for VA Health Benefits



Your comprehensive VA [Health Benefits Package](#) includes all the necessary inpatient hospital care and outpatient services to promote, preserve, or restore your health. Please click [here](#) (to determine if you are eligible for VA Health Care).

The first step in accessing valuable VA health benefits is to apply! There are several methods available to apply. Once your application is received and processed, you will receive written notification of your enrollment status in the VA health care system. Why wait? [Apply Today!](#)

Veterans Crisis Line 1-800-273-8255 (press 1)

Oral Health America Launches Toothwisdom on Web

Oral Health America (“OHA”), a Chicago based non-profit charitable organization established to change lives by connecting communities with resources to increase access to care, education, and advocacy for all Americans, especially those most vulnerable, launched a new web portal toothwisdom.org in October to help older Americans and their caregivers learn about proper oral health care.

The toothwisdom website is part of OHA’s Wisdom Tooth Project (“WTP”). This site connects older Americans, their caregivers and oral and health professionals caring for seniors with online oral health resources and local services in their communities. Toothwisdom.org educates older adults and their caregivers on oral health and its importance to overall health; connects seniors and caregivers to local resources; and advocates for the oral health of older adults. Oral Health America employs five strategies to reach these goals: demonstration projects, publications, communications, symposia, and the web portal, www.toothwisdom.org.



Educational materials are provided on the OHA “Health Resource” page of the website; content written by dentists, dental hygienists, and other professionals addresses various oral health issues that older adults may face as they age. Advocacy materials are listed on the “Be Informed” page, and it is expected that this content will be increased through state partnerships.

Oral Health America is able to connect older adults and their caregivers to local resources through use of maps, which users can access by clicking “Find Care.” On each state page, resources are listed under five categories: dental care, caregiving, transportation, social services, and transportation (and any other relevant information is listed in “other resources”). Toothwisdom.org also contains other information as older adults face many barriers in accessing care and toothwisdom.org seeks to address them.

Recently it was announced that the Oral Health Florida (“OHF”) statewide coalition has entered into a partnership with Oral Health America to ensure the resources listed on the Florida page are up-to-date and accurate. OHF is a statewide coalition comprised of a broad based group of agencies, institutions, organizations, communities, stakeholders, policymakers, leaders, and other individuals whose mission is to promote and advocate for optimal oral health and well-being of all persons in Florida. The coalition’s Senior Oral Health Action Team is leading this initiative. The assistance of the Florida Association of Aging Services Providers is needed to add resources to the Florida page. Together, we can create a valuable source of information for Florida’s aging population. For more information about the Wisdom Tooth Project™, please contact: Bailey Moorhead at Bailey.Moorhead@oralhealthamerica.org



Locations of Vet Centers in Florida

Click the link below for address, phone, and hours of operation.

Bay Pines: [3A RCS Southeast Regional Office](#)
Clearwater: [Clearwater Vet Center](#)
Clermont: [Clermont Vet Center](#)
Daytona Beach: [Daytona Beach Vet Center](#)
Ft. Lauderdale: [Fort Lauderdale Vet Center](#)
Ft. Myers: [Fort Myers Vet Center](#)
Gainesville: [Gainesville Vet Center](#)
Greenacres: [Palm Beach Vet Center](#)
Jacksonville: [Jacksonville Vet Center](#)
Jupiter: [Jupiter Vet Center](#)
Key Largo: [Key Largo Vet Center Outstation](#)
Lakeland: [Polk County Vet Center](#)
Melbourne: [Melbourne Vet Center](#)

Miami: [Miami Vet Center](#)
Naples: [Collier County \(Naples\) Vet Center](#)
New Port Richey: [Pasco County Vet Center](#)
Orlando: [Orlando Vet Center](#)
Panama City: [Bay County Vet Center](#)
Pensacola: [Pensacola Vet Center](#)
Pompano: [Pompano Beach Vet Center](#)
Sarasota: [Sarasota Vet Center](#)
Shalimar: [Okaloosa County Vet Center](#)
St. Petersburg: [St. Petersburg Vet Center](#)
Tallahassee: [Tallahassee Vet Center](#)
Tampa: [Tampa Vet Center](#)

Dietary Supplements

What Is a Dietary Supplement?

Dietary supplements are substances you might use to add nutrients to your diet or to lower your risk of health problems, like osteoporosis or arthritis. Dietary supplements come in the form of pills, capsules, powders, gel tabs, extracts, or liquids. They might contain vitamins, minerals, fiber, amino acids, herbs or other plants, or enzymes. Sometimes, the ingredients in dietary supplements are added to foods, including drinks. A doctor's prescription is not needed to buy dietary supplements.

Should I Take a Dietary Supplement?

Do you need one? Maybe you do, but usually not. Ask yourself why you think you might want to take a dietary supplement. Are you concerned about getting enough nutrients? Is a friend, a neighbor, or someone on a commercial suggesting you take one? Some ads for dietary supplements in magazines or on TV seem to promise that these supplements will make you feel better, keep you from getting sick, or even help you live longer. Sometimes, there is little, if any, good scientific research supporting these claims. Dietary supplements may give you nutrients that might be missing from your daily diet. But eating a variety of healthy foods is the best way to get the nutrients you need. Supplements may cost a lot, could be harmful, or simply might not be helpful. Some supplements can change how medicines you may already be taking will work. You should talk to your doctor or a registered dietitian for advice.



**National Institutes
of Health**

What If I'm Over 50?

People over 50 may need more of some vitamins and minerals than younger adults do. Your doctor or a dietitian can tell you whether you need to change your diet or take vitamins or minerals to get enough of these:

- **Vitamin B₁₂.** Vitamin B₁₂ helps keep your red blood cells and nerves healthy. Vitamin B₁₂ is mainly found in fish, shellfish, meat, and dairy products. As people grow older, some have trouble absorbing vitamin B₁₂ naturally found in food. They can choose foods, like fortified cereals, that have this vitamin added or use a B₁₂ supplement.
- **Calcium.** Calcium works with vitamin D to keep bones strong at all ages. Bone loss can lead to fractures in both older women and men. Calcium is found in milk and milk products (fat-free or low-fat is best), canned fish with soft bones, dark-green leafy vegetables like kale, and foods with calcium added like breakfast cereals.
- **Vitamin D.** Some people's bodies make enough vitamin D if they are in the sun for 10 to 15 minutes at least twice a week. But, if you are older, you may not be able to get enough vitamin D that way. Try adding vitamin D-fortified milk and milk products, vitamin D-fortified cereals, and fatty fish to your diet, and/or use a vitamin D supplement.
- **Vitamin B₆.** This vitamin is needed to form red blood cells. It is found in potatoes, bananas, chicken breasts, and fortified cereals.

Different Vitamin and Mineral Recommendations for People Over 50 (2010)

The National Academy of Sciences recommends how much of each vitamin and mineral men and women of different ages need. Sometimes, the Academy also tells us how much of a vitamin or mineral is too much.

Vitamin B₁₂—2.4 mcg (micrograms) each day (if you are taking medicine for acid reflux, you might need a different form, which your healthcare provider can give you)

Calcium—Women over 50 need 1,200 mg (milligrams) each day, and men need 1,000 mg between age 51 and 70 and 1,200 mg after 70, but not more than 2,000 mg a day.

Vitamin D—600 IU (International Units) for people age 51 to 70 and 800 IU for those over 70, but not more than 4,000 IU each day

Vitamin B₆—1.7 mg for men and 1.5 mg for women each day

When thinking about whether you need more of a vitamin or mineral, think about how much of each nutrient you get from food and drinks, as well as from any supplements you take. Check with a doctor or dietitian to learn whether you need to supplement your diet.

What Are Antioxidants?

You might hear about *antioxidants* in the news. These

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are natural substances found in food that might help protect you from some diseases. Here are some common sources of antioxidants that you should be sure to include in your diet:

- *beta-carotene*—fruits and vegetables that are either dark green or dark orange
- *selenium*—seafood, liver, meat, and grains
- *vitamin C*—citrus fruits, peppers, tomatoes, and berries
- *vitamin E*—wheat germ, nuts, sesame seeds, and canola, olive, and peanut oils

Right now, research results suggest that large doses of supplements with antioxidants will not prevent chronic diseases such as heart disease or diabetes. In fact, some studies have shown that taking large doses of some antioxidants could be harmful. Again, it is best to check with your doctor before taking a dietary supplement.

What About Herbal Supplements?

Herbal supplements are dietary supplements that come from plants. A few that you may have heard of are ginkgo biloba, ginseng, echinacea, and black cohosh. Researchers are looking at using herbal supplements to prevent or treat some health problems. It's too soon to know if herbal supplements are both safe and useful. But, studies of some have not shown benefits.

Are Dietary Supplements Safe?

Scientists are still working to answer this question. The U.S. Food and Drug Administration (FDA) checks prescription medicines, such as antibiotics or blood pressure medicines, to make sure they are safe and do what they promise. The same is true for over-the-counter drugs like pain and cold medicines.

But the FDA does not consider dietary supplements to be medicines. The FDA does not watch over dietary supplements in the same way it does prescription medicines. The Federal Government does not regularly test what is in dietary supplements. So, just because you see a dietary supplement on a store shelf does not mean it is safe, that it does what the label says it will, or that it contains what the label says it contains.

If the FDA receives reports of possible problems with a supplement, it will issue warnings about products that are clearly unsafe. The FDA may also take these supplements off the market. The Federal Trade Commission looks into reports of ads that might misrepresent what dietary supplements do.

A few private groups, such as the U.S. Pharmacopeia (USP), NSF International, ConsumerLab.com, and the Natural Products Association (NPA), have their own "seals of approval" for dietary supplements. To get such a seal, products must be made by following good manufacturing procedures, must contain what is listed on the label, and must not have harmful levels of things that don't belong there, like lead.

What's Best for Me?

If you are thinking about using dietary supplements:

Learn. Find out as much as you can about any dietary supplement you might take. Talk to your doctor, your pharmacist, or a registered dietitian. A supplement that seemed to help your neighbor might not work for you. If you are reading fact sheets or checking websites, be aware of the source of the information. Could the writer or group profit from the sale of a particular supplement? For more information from the National Institute on Aging about choosing reliable health information websites, see *For More Information*.

Remember. Just because something is said to be "natural" doesn't also mean it is either safe or good for you. It could have side effects. It might make a medicine your doctor prescribed for you either weaker or stronger.

Tell your doctor. He or she needs to know if you decide to go ahead and use a dietary supplement. Do not diagnose or treat your health condition without first checking with your doctor.

Buy wisely. Choose brands that your doctor, dietitian, or pharmacist says are trustworthy. Don't buy dietary supplements with ingredients you don't need. Don't assume that more is better. It is possible to waste money on unneeded supplements.

Check the science. Make sure any claim made about a dietary supplement is based on scientific proof. The company making the dietary supplement should be able to send you

Continued on Page 12

information on the safety and/or effectiveness of the ingredients in a product, which you can then discuss with your doctor. Remember that if something sounds too good to be true, it probably is.

What Can I Do to Stay Healthy?

Here's what one active older person is doing to stay healthy and active:

When she turned 60, Pearl decided she wanted to stay healthy and active as long as possible. She was careful about what she ate. She became more physically active. Now she takes a long, brisk walk 3 or 4 times a week. In bad weather, she joins the mall walkers at the local shopping mall. On nice days, Pearl works in her garden. When she was younger, Pearl stopped smoking and started using a seatbelt. She's even learning how to use a computer to find healthy recipes. Last month, she turned 84 and danced at her granddaughter's wedding!

Try following Pearl's example—stick to a healthy diet, be physically active, keep your mind active, don't smoke, see your doctor regularly, and, in most cases, only use dietary supplements suggested by your doctor or pharmacist.

The Federal Government has several other websites with information on nutrition, including:

www.nutrition.gov [7]—learn more about healthy eating, food shopping, assistance programs, and nutrition-related health subjects.

www.choosemyplate.gov [8]—information about the Dietary Guidelines for Americans

For information on exercise, nutrition, and health scams and other resources on health and aging, contact:

National Institute on Aging Information Center

P.O. Box 8057

Gaithersburg, MD 20898-8057

1-800-222-2225 (toll-free)

1-800-222-4225 (TTY/toll-free)

www.nia.nih.gov [9]

www.nia.nih.gov/espanol [10]

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Upcoming Events



February 2014

February 9-12, 2014: Sarasota, FL. Positive Aging Conference. For more information visit <http://www.institutefortheages.org/2014-international-positive-aging-conference/>

March 2014

March 13, 2014: FL Gulf Coast University, Ft. Myers, FL. Second Annual Symposium on Alzheimer's Disease and Related Dementias, [click here](#) for brochure.

March 14 -17, 2014: Renaissance Seaworld, Orlando, FL. American Association for Geriatric Psychiatry Conference. For more information, visit <http://www.AAGPmeeting.org>.

March 11-15, 2014: San Diego, CA. ASA Aging in America Conference. Visit <http://asaging.org> for more information.

FASP is on Facebook - Are You?



Do you or does your organization have a Facebook or Twitter account?
We would love to “like” “Friend” and/or “follow” you too.

FASP - Florida Association of Aging Services Providers Facebook page

<http://www.facebook.com/home.php?#!/pages/FASP-Florida-Association-of-Aging-Services-Providers/186392068069967>

FASP - Florida Association of Aging Services Providers Twitter

<http://twitter.com/FLAgingServProv>

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DOEA - Florida Department of Elder Affairs Facebook page

<http://www.facebook.com/pages/Florida-Department-of-Elder-Affairs/128604923878650?sk=wall>

FCOA - Florida Council on Aging Facebook page

<http://www.facebook.com/home.php?#!/pages/Florida-Council-on-Aging/74320166787>

FCOA - Florida Council on Aging Twitter

<http://twitter.com/#!/FCOA1>



www.aarp.org



www.master-host.net.org



www.uhc.com



www.Osceola-coa.com



www.hillsboroughcounty.org



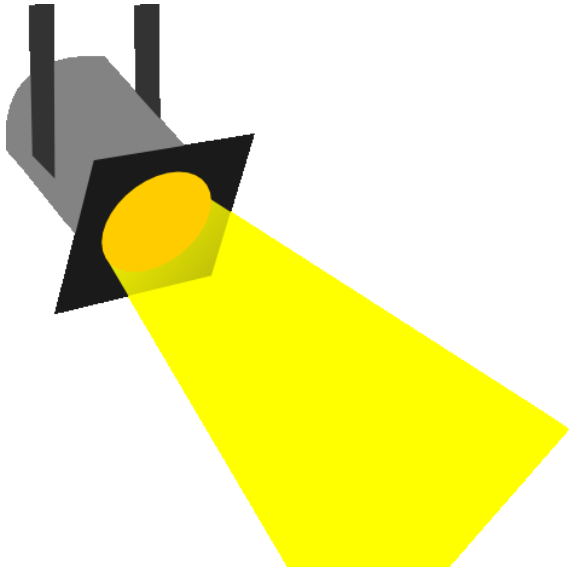
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The intent of the FASP Newsletter is to keep you informed about program updates and information relating to aging services providers. If you have any comments about the newsletter, suggestions on ways to improve it and/or items you would like included, please contact FASP by e-mail at moreinfo@fasp.net or by phone at (850) 222-3524.

The mission of FASP is to support and advocate for public and non-profit organizations engaged in the provision of community-based services to Florida's elders to improve their quality of life.

Mark your calendars now!



*The 2014 Florida Conference on Aging
will be held
August 4-6, 2014
at the
Bonaventure, Weston, FL*

