

KSPS

Kansas Senior Press Service
11811 S. Sunset Drive, Suite 1300
Olathe, Kansas 66061
913.715-8911
913.715-8825/fax
e-mail: lynn.anderson@jocogov.org

VIEW FROM THE HILLTOP

By Annette McDaniel

Oh, say can you hear?

Years ago, my husband and I had a favorite movie theater, The Egyptian, in Boise, Idaho. Burgundy velvet curtains covered the screen, and red, gold, and green-striped sphinx statues flanked the stage. Wide, comfortable seats embraced the viewer and soft music played until the curtains opened and the main feature began. The ambiance provided relaxation even if the film was mediocre.

Today's theaters resemble college lecture halls, with less elbow room but far superior sound systems. The movie-going public demands reverberating special effects and ear-splitting music to make the experience worth the price of admission, and the public is not disappointed.

One of the last films we saw at a local theater, a decade ago, was "Independence Day." The plot was amusing and the acting tolerable, but the volume caused me to stuff wadded-up tissue in my ears, while my husband pocketed his hearing aids. Still we cringed. Since then, we have rented videos and enjoyed films at home—with the sound significantly reduced.

I worry about the condition of younger folks' hearing today as I sit beside them at stoplights, with their mega-speakers shaking my vehicle, making me queasy from the vibration. If it is half as intense inside their cars, it must be like squatting in a centrifuge while both eardrums are reduced to the consistency of tomato soup.

It is estimated that 10 million Americans have noise-induced hearing loss. Sooner or later, we may all become hearing impaired to some degree. I'm willing to wait, although certain sound levels have already deserted me. I find myself looking at the mouth of the speaker (especially on television) for confirmation of what I *thought* I heard. The hardest conversations to understand are those in which background music plays while the actor is speaking. The music does not stay in the background, but overwhelms the dialogue, while I struggle with deciding whether to learn lip-reading or turn the program off. By that time, of course, I am deep into the plot and want to know who killed whom.

Now researchers tell us that iPods can contribute to hearing loss because the users turn the volume up beyond acceptable levels. Decibels above 85 (an idling bulldozer) can cause some impairment in 10 hours. Sounds of 120-140 decibels (the intensity of many rock concerts) cause problems within minutes if that level is sustained. Heavy-metal music performers reluctantly admit to hearing loss. I've noticed that the audience usually sings along with them. Perhaps an open mouth equalizes the pressure on both sides of the eardrum and makes the persistent beat less painful.

Sporting events can also reach dangerous levels of 110 decibels, especially at indoor arenas—and that's before the music and announcements are added. My husband and I shun these games, not entirely because of the noise factor. Increased ticket prices and parking fees, plus the length of the hike

to reach the arena, put sports lower on my list of fun things to do. I can see the action as well when the games are televised, and I can control the volume to my comfort level.

But, while stadium noise is a consideration, mine is a patriotic reason for avoiding athletic events. Until those who are given the honor of singing the pre-game “Star Spangled Banner” will learn all the words, sing the score as originally written, and reach that highest note without sounding like a mashed cat (that’s 100 decibels), I’m sitting in front of the television, clutching the remote, with my finger on the mute button!

Annette McDaniel is a former elementary teacher, former accountant, and sometime poet and writer, who lives in Edgerton, Kan.

KSPS

Kansas Senior Press Service
11811 S. Sunset Drive, Suite 1300
Olathe, Kansas 66061
913.715-8911
913.715-8825/fax
e-mail: lynn.anderson@jocogov.org

TIPS FOR CARING FOR AN OLDER ADULT

Long-distance caregiving

- Make regularly scheduled visits and calls. Take turns with relatives and friends.
- When you visit, assess the need for meals, shopping, errands, chores, medications, medical appointments, bill-paying assistance, social activities, and mental and emotional health.
- Plan a specific time to call, especially if the care receiver has hearing problems.
- Ask what assistance is needed and help arrange for it.
- Keep a notebook of information and phone numbers you will need. Pick up a local phone book. Photocopy Social Security, Medicare, and insurance cards, and powers of attorney.
 - Meet or get to know local medical and social service providers, organizations, clubs, and religious affiliations the senior is involved in or connected to. Contact local volunteer programs and check out emergency alert system providers in the area.
 - Explain that you want the care receiver to stay healthy, comfortable, and independent. Seek out a social worker who can help. Ask about the social worker's services, experience, fees, and references.
 - Find out who can respond in emergencies.

Get the whole family involved

- Start with a family meeting in a neutral location. Have an agenda, and ask how each person can help.
- Ask what the care receiver and the primary caregiver think and want.
- Has someone been designated power of attorney to make decisions if the senior can't?
- If those of you who are gathered disagree, don't feud. Compromise when you can, or bring in a counselor, care manager, or clergy member to act as mediator.
- Support the caregiver who is taking primary responsibility.
- Make a list of what needs to be done. Ask for volunteers.
- Divide duties such as transportation and bill paying.
- If others aren't helping, find out why. Are they not sure how to help, are they waiting to be asked, or do they have responsibilities or health issues that make helping difficult?
 - If you are a long-distance or remote member of a family, you can often help by researching information and service options by phone, Internet, and e-mail.

Balancing caregiving, family, and work

- Set priorities. Make a list of your personal, caregiving, family, and work obligations. Let go of less-important commitments.

- Put your personal needs first. You cannot care for another person if you are not healthy.

- Find out about employee assistance programs (often called EAPs) where you work. Consider job sharing or working part time or on a flex-time schedule.

- Enlist the support of other family members. If you are torn between responsibilities, let others know. Protect your important family times.

- Call a family meeting, seek help outside the family, use social service, financial, and legal service providers.

- Take care of yourself. Have a life outside of caregiving. Eat healthful meals and get exercise. Obtain help for depression and substance abuse. Take time out from your responsibilities.

- Periodically reassess care needs and your ability to provide care. You have the right to get help and relief from the stress of caregiving, and should do so.

Abridged from Caregiver Brochure Series, Journeyworks Publishing, written by Mardi Richmond.

KSPS

Kansas Senior Press Service
11811 S. Sunset Drive, Suite 1300
Olathe, Kansas 66061
913.715-8911
913.715-8825/fax
e-mail: lynn.anderson@jocogov.org

THE MANY ATTRACTIONS OF THE CHILI BOWL

Many people regard chili as the perfect wintertime meal. Unfortunately, it often contains a lot of fat and calories. Nevertheless, you can retain the robust flavor of chili without sacrificing solid nutrition or a post-holiday weight-loss resolution.

Many ingredients that go into a traditional chili offer important health benefits. Chili peppers, for example, contain capsaicin, an antioxidant. Spices typically used in chili recipes, like cumin and cilantro, offer cancer protection, especially against breast and liver cancer. And beans are rich in many phytochemicals that help protect against infections, heart disease, and cancer, especially of the breast and prostate. Beans are also rich in protein, dietary fiber, thiamin, vitamin B6, folate, and several important minerals.

The following meatless chili tastes better eaten a day or two after it is made. Chocolate can be added to the chili, providing a rich, deep flavor that acts as a kind of substitute for the flavor of meat, though it can be omitted, if desired.

This chili makes nine servings, but it can be extended for a large crowd by serving it over hot cooked rice, preferably brown. Leftover cooked meat, like diced turkey or chicken, may also be added.

Meatless Chili

2 Tbsp. canola oil
1 large onion, chopped
3–6 peeled garlic cloves, chopped
3 cans (14.5 oz. each) diced tomatoes*
1 can (4 oz.) diced mild green chilies, drained
½ fresh jalapeno chili, finely chopped (seeds optional)
2–3 Tbsp. chili powder, as desired
1 Tbsp. ground cumin
1 Tbsp. dried chives
1 large bay leaf
1 can (15–16 oz.) red kidney beans,* rinsed and drained
1 can (15–16 oz.) black, white, or chili beans, rinsed and drained
1 seeded green bell pepper, cut into half-inch pieces
1 seeded red bell pepper, cut into half-inch pieces
1 package (12 oz.) frozen corn, thawed, or canned corn, drained
1 ½ Tbsp. chopped semisweet baking chocolate (optional)
Salt and freshly ground black pepper
¼ cup chopped fresh cilantro leaves

Hot sauce (optional)

Heat the oil in a large heavy pot over medium-high heat. Add onion and garlic and gently sauté until onion is translucent and garlic is golden, about 5 minutes. Add tomatoes with juices, jalapeno chilies, chili powder, cumin, chives, and bay leaf. Cook 10 minutes, stirring occasionally.

Add beans, bell peppers, corn, and chocolate (if using). Reduce heat to medium-low and simmer until chili is thick, stirring occasionally, about 35 minutes.

Season to taste with salt and pepper. Stir in cilantro. Adjust seasonings if needed, adding more chili powder or hot sauce to taste. Remove bay leaf before serving.

Serve with corn bread and low-fat cheese.

*Any type of canned diced tomatoes may be used. Canned northern or garbanzo beans (drained and rinsed) may be used in place of red kidney beans.

Makes 9 servings. Per serving: 180 calories, 4 g. total fat (less than 1 g. saturated fat), 31 g. carbohydrate, 8 g. protein, 9 g. dietary fiber, 475 mg. sodium.

Source: The American Institute for Cancer Research