Senior Sense

Your Resources

Should You Test Your Home for Radon?

Everyone knows smoking can lead to lung cancer. What many do not realize is that exposure to Radon also causes lung cancer. The U.S. Environmental Protection Agency (EPA) and the Office of the Surgeon General estimated that Radon causes as many as 20,000 lung cancer deaths each year. Lung cancer induced by Radon costs over $2 billion every year in direct and indirect health care costs.

So, how are you exposed to Radon, and what can you do? Radon is a gas that is formed naturally when uranium causes Radon to be present in rock, soil and even water. Most of the time, Radon harmlessly dissipates into the atmosphere outdoors, as it has for millions of years, presenting no major problems. It becomes a problem when it finds its way into your house. Radon gas collects in voids and air spaces under the foundation of your home and gradually enters through cracks or even through showers and drainage pumps. Once it enters the living areas of your home, the only way out is through cracks and openings. It can be present in your home and you will not even be aware of it because you cannot see, smell or taste Radon. Humans are exposed to Radon through ingestion and inhalation. The way to reduce Radon inside is to have a professional install a Radon mitigation system.

The first step is to find out what the Radon level is inside your home. Radon occurs throughout the United States and everyone should test their home. Testing is simple and inexpensive. According to the EPA, one in three homes that were checked in seven states had Radon screening levels of over the
recommended safe level of 4 picocuries per liter (pCi/L). While there is no safe level for Radon exposure, it is agreed that the risk of death due to Radon at 4 pCi/L is approximately 1 in 100. The statistics are alarming.

To learn more about Radon and how you can obtain a Radon test kit, go online to www.ugaradon.com or contact your local county Extension Office. To find the office near you call 1-800-ASK-UGA1.

Your Relationships

When Caregiving Is Good For You

Ray and Elma, both in their 80’s, had enjoyed a long life together. Ray was struggling with increasing physical limitations, however, as a result of some chronic health conditions. He found it very difficult to walk or even get out of a chair without help. And Elma was struggling with trying to provide all the assistance that Ray needed, as well as taking care of her own needs. As children of the Depression, they guarded what savings they had and saw no need to pay for expensive caregivers to come into their home. They had weathered many storms together over the years, and they believed that they could handle these challenges too.

How often do you see this scenario? It is increasingly common in many communities and rural areas. Sadly, we can predict the likely outcomes for Ray and Elma: Ray’s needs will continue to increase and Elma will continue to try to provide the care he needs, but that caregiving will take a growing toll on her – physically, emotionally, and financially. They took a marriage vow to care for each other in sickness and in health, but with new medical breakthroughs, many seniors are living years longer “in sickness” than they may have in the past. Caregivers like Elma tend to experience high stress, emotional burnout, and poor health outcomes. Caregivers of all ages have reported chronic health conditions of their own – heart disease, diabetes, cancer, arthritis, etc. – at nearly twice the rate of non-caregivers. Stressed caregivers have a 60% higher mortality risk than non-stressed caregivers of the same age group.

Does caregiving always lead to such a bleak future? Some new research indicates that there are some circumstances in which caregiving actually has positive benefits; in other words, when caregiving is good for the caregiver.

“New research indicates that there are some circumstances in which caregiving actually has positive benefits.
A study compared caregivers who were providing “active care” as opposed to “passive care.” Examples of active care are feeding, bathing, toileting, and similar hands-on caregiving. Passive care refers to the caregiver mostly just being present while others provide direct care.

What were the differences for the caregivers? Caregivers who provided active care tended to have more positive feelings about their caregiving responsibilities than those who provided only passive care. The reason for this difference may be that seniors who actively cared for their partners’ needs and feelings experienced less anxiety about the situation themselves. They felt that they were actively contributing to their partners’ health and well-being. Passive caregivers, on the other hand, may feel more limited in their abilities and therefore less able to participate in maintaining their partners’ well-being.

A second factor also seemed to be important in positive caregiver outcomes. The researchers called it “interdependence” – the extent to which caregivers felt that they were supporting their partner, as well as their partner supporting them. Some chronic conditions such as dementia can rob much of a partner’s ability to give and receive love and support. A caregiver may come to feel that she does all the giving and receives little in return. Instead of feeling interdependence, the care recipient may feel increasingly dependent – leading to less positive outcomes for the caregiver.

So, what conditions seem to lead to caregiving being a positive experience for the caregiver? Although there are many, the two that were identified here are active (as opposed to passive) caregiving, and an interdependent (as opposed to a dependent) relationship. These two positive conditions are often present in the early stages of caregiving, but they become more difficult to maintain as caregiving needs increase. The difficult decision, of course, is recognizing when caregiving begins taking too heavy a toll on the caregiver, and then finding the support necessary for the health of both the caregiver and the care recipient.

Adapted from Psychology and Aging, 2010.

Your Health

Emergency Supply Kit

When preparing for a possible emergency situation, it’s best to think first about the basics of survival: fresh water, food, clean air and warmth.

Recommended Items to Include in a Basic Emergency Supply Kit:
- Water, one gallon of water per person per day for at least three days, for drinking and sanitation.
Think first about the basics of survival: Fresh Water, Food, Clean Air and Warmth.

- Food, at least a three-day supply of non-perishable food.
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both.
- Flashlight and extra batteries.
- First Aid Kit
- Whistle to signal for help.
- Dust mask, to help filter contaminated air and plastic sheeting and duct tape to shelter-in-place.
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Can opener for food (if kit contains canned food)
- Local maps
- Cell phone with chargers

Additional Items to Consider Adding to an Emergency Supply Kit:
- Prescription medications and glasses
- Infant formula and diapers
- Pet food and extra water for your pet
- Important family documents such as copies of insurance policies, identification and bank account records in a waterproof, portable container
- Cash or traveler’s checks and change
- Emergency reference material such as a first aid book or information from www.ready.gov.
- Sleeping bag or warm blanket for each person. Consider additional bedding if you live in a cold-weather climate.
- Complete change of clothing including a long-sleeved shirt, long pants and sturdy shoes. Consider additional clothing if you live in a cold-weather climate.
- Household chlorine bleach and medicine dropper. When diluted nine parts water to one part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.
- Fire extinguisher
- Matches in a waterproof container
- Feminine supplies and personal hygiene items
- Mess kits, paper cups, plates and plastic utensils, paper towels Paper and pencil
- Books, games, puzzles or other activities for children
Wrapped Up in Good Health Breakfast
This recipe also works well with other frozen vegetables.

Non-stick vegetable spray
2 whole eggs or ½ cup low cholesterol egg substitute
½ cup frozen chopped broccoli
1 tablespoon reduced fat cheddar cheese (optional)
1 whole wheat tortilla or flat bread
1 tablespoon salsa (optional)

1. Spray a microwave-safe bowl with non-stick spray
2. If using whole eggs, add the eggs and whip well with a fork or wire whip. This step is not needed if using low cholesterol egg substitute.
3. Add the frozen broccoli to the egg mixture and stir well.
4. Sprinkle with cheese if desired.
5. Cover bowl with plastic wrap.
6. Microwave on medium for about 2 minutes. Stir so liquid egg goes to outside of bowl if not cooked through. Microwave on medium again for one minute if needed. When done, remove from microwave and set aside.
7. Heat the tortilla on a plate in the microwave for 10-15 seconds or until warm.
8. Spoon the egg-vegetable mixture down the middle of the tortilla and wrap.
9. Top with salsa if desired before serving.

Nutrition analysis (with whole egg, cheese and salsa):
Calories: 360
Carbohydrate: 33 grams
Protein: 23 grams
Fat: 18 grams
Saturated Fat: 4 grams
Cholesterol: 424 milligrams
Sodium: 798 milligrams
Fiber: 7 grams

Nutrition Analysis (with low cholesterol egg substitute, no cheese, no salsa)
Calories: 297
Carbohydrate: 33 grams
Protein: 20 grams
Fat: 7 grams
Saturated Fat: 1 gram
Cholesterol: 0 milligrams
Sodium: 749 milligrams
Fiber: 7 grams
Dear Friend,

SENIOR SENSE is a quarterly publication provided by your local county Cooperative Extension office. It is prepared by Extension Family & Consumer Sciences specialists at The University of Georgia specifically for the educational needs of older Georgians. Please contact your local Cooperative Extension office for more information on these and related topics.

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