

## Heart disease, cancer are leading causes of death

### Recognizing signs improves success of prevention plans

The death rate for elders (age 65 and older) is 5.2 percent of all deaths. It is no surprise that this age group has the highest death rate followed by infants due to congenital defects, early gestation and infections.

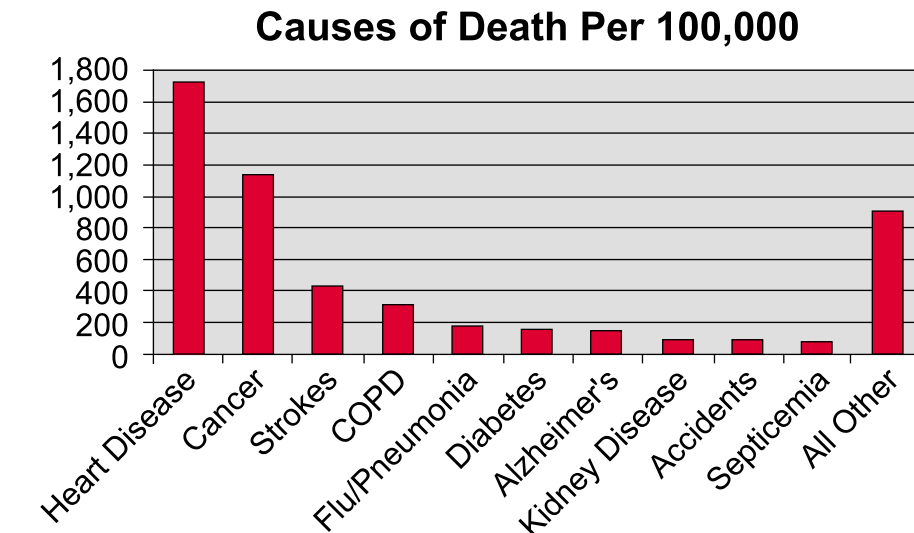
According to the Center for Disease Control and Prevention in Atlanta, health care systems and products available to heal, relieve and treat illnesses are vastly improved compared to the early 1900s. Immunizations, early health detection and treatment and assisted living allow people to live longer, healthier lives.

Alice Shonsky, the administrator of Rebekah Manors in Portage and Northern Cambria, Pa., said that they have been able to impact the residents' lives through early detection of health issues and follow-up with the residents' physicians.

"It's amazing the difference it makes in the improvement in health and the quality of life when we find a breast lump, and it is early enough that the resident is cured," she said.

Once the resident's health risks are identified, proper health maintenance and prevention programs can be implemented to reduce those risks. Often, it will involve working with the family, physician and other community resources.

Start with obtaining an accurate health history from the resident, family and physician to identify risk factors. This will provide an opportunity to develop and implement care measures, such as exercise, comfort, compliance in medication regimens



and mental stimulation, and detect the signs and symptoms of potential complications.

The history also will help identify residents at risk for early death and provide facilities the chance to identify staff training issues based on the residents at each facility.

As noted in the graph above, the overwhelming leading cause of death is heart disease. It is the cause of 33 percent of all elderly deaths. Diagnoses associated with heart disease include irregular heartbeats, congestive heart failure, heart attack, poor heart valves and high blood pressure.

To reduce the risk of heart disease, senior living facilities can offer heart healthy snacks and meals, exercise, medication compliance, smoke-free environments and vital signs monitoring. Early notification to the physician of complications will often provide life-enhancing treatment.

Malignant neoplasm, a type of cancer, accounts for 21.8 percent of all senior deaths. Early identification and treatment can provide treatment to delay death or provide remission of the cancer depending on the severity and extent of the cancer.

For example, during a shower, a resident is noted to have a mole on her back that has doubled in size with several dark areas that are irregular in shape. This should be reported to the physician for diagnosis and potential treatment. Staff members can be trained in identifying and reporting their observations to the appropriate person for follow-up on identified issues.

Strokes account for 8.2 percent of all elderly deaths. Early identification of residents at risk for a stroke can potentially reduce that risk. Senior living facilities can provide healthy, low-fat meals, medication compliance, exercise programs and vital sign monitoring. Early identification

# Take care when addressing loss of hearing

Joe, a 75-year-old retired sheet metal worker, lives at a senior living facility. He is getting ready for the day. The room only has a small light on and Anne, the assisted living aide, is picking up around the room. She asks Joe where his shirt is.

“Speak up, will you?” Joe responds.

Anne again asks. Still unable to hear, Joe shouts, “Where do I hurt? I don’t hurt, I want to get dressed so I can go out!”

Misunderstandings are very common among elders. Hearing loss affects almost one-third of elders between 65-75 years of age and one-half of elders 85 years and older. Even the baby boomers (40-60) are showing a hearing loss.

According to the National Association for the Deaf ([www.nad.org](http://www.nad.org)), hard of hearing refers to someone with mild to moderate hearing loss. Deaf refers to someone who is unable to rely on his or her hearing to process information heard for communication.

Hearing loss can be gradual or sudden, temporary or permanent.

“Hearing loss is often associated with diseases like diabetes and heart disease as they impair the blood supply to the ear,” said Sharon Johnson, an audiologist at the Brainerd Medical Center, Brainerd, Minn. “Aging affects everyone. Men in particular have hearing loss associated with loud

## Do I have a hearing problem?

Ask yourself the following questions. If you answer "yes" to three or more of these questions, you could have a hearing problem and might need to have your hearing checked by a doctor.

**Yes No**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do I have a problem hearing on the telephone?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I have trouble hearing when there is noise in the background?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Is it hard for me to follow a conversation when two or more people talk at once? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I have to strain to understand a conversation?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Do many people I talk to seem to mumble (or not speak clearly)?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I misunderstand what others are saying and respond inappropriately?           |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I often ask people to repeat themselves?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I have trouble understanding the speech of women and children?                |
| <input type="checkbox"/> | <input type="checkbox"/> | Do people complain that I turn the TV volume up too high?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I hear a ringing, roaring or hissing sound a lot?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Do some sounds seem too loud?  |

*National Institute of Health*

noises. Heavy machinery over time takes its toll.”

Other factors include viral or bacterial infections, heredity and exposure to certain medications--like antibiotics.

One of the most common causes is presbycusis--the ongoing changes in the inner ear as we age. Elders experience this as a gradual progression of hearing. They have a hard time hearing what others are saying and are unable to tolerate loud noises.

Another cause is tinnitus, conductive hearing loss or sensorineural damage. Tinnitus is a ringing or roaring sound in the ears. Medications, earwax, ear infections or nerve problems can cause it. This can be intermittent or constant, or it can stop all together.

Conductive hearing loss is a dysfunction of the tympanic membrane (eardrum). Fluid in the middle ear and earwax buildup in the ear canal are common types of problems associated with this hearing loss.

Sensorineural hearing loss occurs when there is damage to part of the inner ear or auditory nerve. Birth defects, head injury, poor blood circulation, high blood pressure, stroke, medications and tumors are potential causes of nerve damage.

The number of people with hearing loss will increase dramatically as many of the baby boomer generation are already showing signs of premature hearing loss.

If you suspect a resident has a hearing loss, have them consult their physician. Often, they will be referred to an audiologist who can identify and measure the ability to hear different pitches of sounds and loudness.

Another problem is treatment is often underutilized. Only one-quarter of elders who would benefit from using a hearing aid get them, Johnson said. This might be related to the cost of the device or treatment, compliance of the individual if they were to get treatment and the duration of treatment. ■

## Improve Communication

- Face the person and talk clearly, don’t shout
- Be sure there is good lighting and low background noise
- Reword or rephrase your statement if not understood
- Ask how you can help the listener
- Be patient and positive
- Use facial expressions and gestures to aid communication
- Use hearing devices if they are used

# Winter is prime season for lice infestation

Pediculosis, an infestation of lice to the head, body or the genital area, will infect 6 million to 12 million children this year. Infestations at senior living facilities can occur when infected children (grandchildren) visit the facility or when infected combs, clothing, linen, towels or hats come in contact with a person. Employees also can spread the infestation from their children.

According to the CDC, nits, or head lice eggs, are laid and cemented near the base of hair shafts. The eggs take one week to hatch and another week to mature. The adult lice can live up to 30 days on a person's head.

Infestation is often non-symptomatic. However, symptoms can include a tickling feeling of something moving in the hair, itching and irritation. Complications can result in a secondary bacterial infection.

CDC recommended treatments include:

1. Use of prescription or over-the-counter medication. To treat an infected person, remove all clothing. Apply lice medicine according to the product's instructions. Do not use a crème rinse or combination shampoo/conditioner before using lice medicine. Do not re-wash hair for two days after treatment.
2. Apply clean clothes on the person. Nit combs should be used to remove nits and lice from the hair shaft. After treatment, comb and remove nits and lice every two or three days.
3. Re-treat with medication application in seven to 10 days.
4. Check all infected people for two or three weeks to ensure that the nits and lice are gone.

To treat a facility to kill all lice:

1. Machine wash all washable clothing and bed linen during the two days before treatment with hot water cycle (130° F). Dry laundry on the hot cycle for at least 20 minutes. Store all clothing, pillows and comforters that cannot be washed or dry-cleaned in a plastic bag and seal for two weeks.
2. Soak combs and brushes with soap and hot water, a disinfectant or rubbing alcohol for one hour.
3. Vacuum the furniture and floor. Facility and resident household contents should be checked for nits and lice every two or three days.

For additional information online, check [www.dpd.cdc.gov/dpdx/HTML/Frames/G-L/HeadLice/body\\_headLice\\_page2.htm](http://www.dpd.cdc.gov/dpdx/HTML/Frames/G-L/HeadLice/body_headLice_page2.htm). ■

## Causes from page 1

---

of a stroke, symptoms such as high blood pressure, pounding headache, difficulty with speech and ambulation, disorientation and leaning sideways, requires emergency medical treatment.

Chronic lower respiratory disease, such as congestive obstructive pulmonary disease or black lung disease, accounts for 5.9 percent of elderly deaths. Often, the resident's lifestyle prior to coming to a senior living facility played a major role in this disease. Cigar and cigarette smoking and occupational exposures are factors to consider with this disease.

Being in Pennsylvania, Shonsky has experience with residents with black lung disease.

"Lots of coal miners grew up and worked the local mines," she said. "They often quit school in the sixth grade to earn money for the family. This was the only job they knew how to do.

"Some residents don't agree to treatment until they come to our facility,"

she said. "Now here, they are having shortness of breath and coughing. We encourage activity as tolerated, medication compliance and a diet control per physician orders."

Senior living facilities provide the opportunity for early identification of breathing difficulty and emergency transport to the local hospital as needed.

In the past, elders stricken with influenza and pneumonia flooded hospitals each season. Today, vaccines can minimize and prevent bacterial flu and pneumonia. Deaths associated with these are 3.3 percent of all elderly deaths. Enforcing infection control policies will prevent the spread of infectious organisms. The senior living facility management can encourage staff members and residents to be vaccinated annually for the flu and receive a one-time pneumonia vaccine by their physician.

Diabetes mellitus often complicates many other chronic diseases like heart disease. It accounts for 2.9 percent of elderly deaths. The number of

newly diagnosed diabetics has been rising in the last decade. This is attributed to the health choices made in earlier years--eating habits, denial of the disease and lack of exercise. Maintaining control of blood sugar through diet, medication, blood sugar monitoring and exercise are essential to prevent long-term complications such as kidney disease, infections and loss of vision.

Alzheimer's disease and dementia are progressive diseases that require tender loving care. Alzheimer's disease is attributed to 2.7 percent of elderly deaths. Medications are helpful for treating early stages. A senior living facility can provide environments that support the special needs of these residents. These residents tend to wander and might exhibit difficult behaviors to control. Monitoring resident safety is a concern. Secured units minimize the exposure of residents who would wander outside. If the resident is able to leave a facility, they might not know where they are or how to return. ■

# Insurance market calls for solid risk management

Across the country, senior living facility owners and administrators are expressing dismay and frustration about the deteriorating insurance market conditions. Having enjoyed a period of "soft" market conditions, where insurers were competing to underwrite your business, the current "sellers" market is a rude awakening.

The current insurance environment brings administrators and owners face to face with nonrenewals, escalating premiums and increasingly restrictive coverages. There are steps that every business owner should consider to comply with the current insurance market cycle.

Some risk management strategies can strengthen your organization for an uncertain future. One of the strategies is to examine, understand and manage your comprehensive insurance program.

Consider following these steps in administering your insurance program:

- **Understand your coverage.** There is no time like the present to understand the scope of your insurance program. Are the risks that you are most concerned about insured under your current policies? Are you aware of any areas where you have an exposure and no coverage? Understanding your program requires taking time to read your policy and reviewing it with an insurance professional.

- **Team up with an insurance professional.** It has never been more important to have a competent insurance professional advising your organization. Make it a top priority to build a relationship with an insurance representative who is willing to learn about your operation and who demonstrates that they are an effective advocate for your insurance interests. There are two situations when the mettle of an agent and company is tested: during the purchasing process and following the filing of a claim. Your insurance professional should be a trusted source for information and eager to understand your business's unique circumstances and needs.
- **Understand your rights.** Most states have laws that require insurance companies to give policyholders advance notice of nonrenewal or a change in coverage terms. The notice period varies based on state law and might be different based on the policy type. Understand your rights if your insurance provider fails to give you proper notice or fails to supply information when you request it.
- **Know your insurance company.** Ask for information and commitments in writing. Insurance companies are like banks--they hold funds in anticipation of future payment under specific contingencies. Research their performance history, reputation and financial stability.

Rating information issued by A.M. Best is a good source.

- **Network with your professional colleagues.** Find out what is happening and get involved with your state and national professional associations. Ask about their involvement in developing programs for risk management and insurance programs.
- **Take risk management to heart.** Many risk management strategies cost little to implement. Address the nagging concerns or losses that have occurred on more than one occasion or for which the total loss was substantial. Engage a group of creative people in both your risk identification and strategy development.
- **Budget wisely.** Even if you are planning to stay with your current insurance carrier and not add new coverages, your insurance costs will continue to increase. Talk to an experienced insurance professional about current market trends. Budget for losses that fall under your deductible or outside the scope of your current coverages. Explore other risk management options to reduce risk and fund potential losses. Despite the difficulty of sustaining an affordable insurance program for your business, it is possible to take steps to provide adequate protection at an affordable price. ■



*Long-Term Care Connection* is designed to be a resource tool for the owners, operators and employees of long-term care facilities. Topics including insurance, risk management, health, safety and employment will be covered in the quarterly publication.

For more information on receiving *Long-Term Care Connection* or to submit a comment or story idea, please call Karen Pederson at 1-800-554-2642, Extension 4459, or send her an e-mail at [kpederson@churchmutual.com](mailto:kpederson@churchmutual.com).

For information on products and services available through Church Mutual Insurance Company, please call your regional representative at 1-800-554-2642, Option 1.

## Production Staff

*Editor:* Rick Schaber

*Writers:* Karen Pederson, RN, BSN  
Jim Mootz, Long-Term Care  
Underwriting Coordinator

*Document Services:* Mary Akey and  
Michelle English

*Distribution:* Tammy Gruling

This newsletter is printed by L&S Printing.

Published by Church Mutual  
Insurance Company,  
3000 Schuster Lane,  
Merrill, WI 54452  
1-800-554-2642  
[www.churchmutual.com](http://www.churchmutual.com)