

Wesley Village 5K Brings Runners of All Ages Together for Two Good Causes



(Pictured on cover) On August 28, 170 runners of all ages laced up their sneakers to participate in the 2010 Wesley Village Road Race. The annual event raises money for the Wesley



Village Journey of Dreams program, in which residents receive help fulfilling long-held wishes and dreams. Through this program, residents have participated in broadcasting the weather on local TV (shown below), enjoyed a motorcycle sidecar ride (pictured on cover), taken hot air balloon, airplane, helicopter rides, and had original artwork featured in a local gallery.

The race also benefited Spooner House, a shelter that provides housing and care to more than 250 men, women and children in Shelton each year.

Sharon Health Care Center and Hospice Volunteers of Northwest Connecticut Celebrate Impact of Donations



On Thursday, June 24, Sharon Health Care Center and Hospice Volunteers of Northwest Connecticut hosted an event recognizing donors and volunteers at the Bok Gallery in Sharon. The reception preceded the opening night performance of The Wedding Singer at the TriArts Theater.



In recent months, donors have funded a variety of projects at Sharon Health Care Center that have enhanced quality of life for residents. These include a new gazebo in the front of the building, and renovations of a room for hospice care. The Sharon Woman's Club has undertaken three initiatives: Dining with Dignity, a program where members are

sewing colorful dining scarves for residents to wear at meals; Comforts of Home, an effort to redecorate resident rooms and common areas to create a more home like environment; and Art to Heart, in which members are procuring donations of artwork for locations throughout the Health Center.

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To learn more, go to www.middlewoods.org and www.wesleyvillage-ct.org or visit our pages on Facebook.

Crosby Commons



Middlewoods of Farmington



Middlewoods of Newington



Did you know that our three Connecticut assisted living communities, Middlewoods of Farmington, Middlewoods of Newington and Crosby Commons in Shelton, have received multiple state and national awards for best practices in resident care and programs?

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Keys to Successful Aging



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Medical Director of Wesley Village in Shelton Provides Insights Into How Medical Care Differs Across the Generations and Successful Aging



Dr. Daniel Wollman is the Medical Director of Wesley Village in Shelton. He specializes in the diagnosis and treatment of Alzheimer's disease and other disorders of memory and cognition. A graduate of the University of Pennsylvania School of Medicine, he also provides comprehensive care management and planning advice.

blood pressure and osteoporosis and is taking 10 medications – gets bronchitis, you cannot recommend a treatment in isolation from the others.

In addition, doctors are often guiding younger patients about how to prevent or avoid diseases. There is a peak of disease incidence between the ages of 50 and 70, even prior to retirement when Medicare is active. In our 70s, most likely the diseases like heart disease or cancer are already upon us. Therefore, and later in life, the focus is on disease management.

Q What should seniors look for in a doctor?

A I suggest that they look for a doctor who recognizes the importance of viewing health in a holistic way. When I say holistic, I mean person-centered, although I know that the term holistic has other meanings. When we are younger, we have the ability to return to homeostasis, or the state of balance in the body where everything is functioning at optimal level. As we get older, our ability to return to that balance becomes impaired after an injury or a health problem. In an older person, the key to maintaining this homeostasis is looking at the whole person. In many cases these days, medical problems are managed by specialists. A good primary care doctor is able to integrate all of those specialists' recommendations and monitor them – to be the captain of the ship. This is particularly important

for seniors who have an individual problem in the context of several, interacting conditions.

Q Explain the types of cognitive disorders that affect seniors and the current research on prevention.

A There are very few doctors who just take care of elderly people's cognitive disorders, a field that is still in its infancy in terms of our understanding. These disorders fall into two categories. There are people who are otherwise healthy and will experience cognitive decline as they age as a result of Alzheimer's or another degeneration of the brain. This may represent just "bad luck" in the form of a genetic abnormality. Secondly, there is cognitive decline caused by or related to other conditions, including heart disease, high blood pressure, high cholesterol, strokes, vitamin deficiencies, and alcohol abuse.

The challenge is trying to find out how we can prevent or delay cognitive decline. For decline that is the result of alcohol use and other preventable causes, the answer is obvious. We don't have the answers for those individuals for whom the decline is unrelated to another condition. Clearly, what we do know is that regular physical exercise, cognitively stimulating work or hobbies, and social connections are the best factors for maintaining and optimizing one's well-being. That's what I call successful aging.

Q What are "transitions in care," and why should seniors and their loved ones be extra vigilant when these transitions happen?

A "Transitions in care" describe the movements that individuals make between health care practitioners and settings as their condition and care needs change. These transitions include a patient moving from a primary care doctor to a specialist, or between different departments in a hospital. It also includes the transition from the hospital to home, to an assisted living community like Crosby Commons or a skilled nursing community like Bishop Wicke Health Center.

Transitions can be danger points, because that is when communication can break down and errors can be introduced, particularly in a medication regime. But transitions are also an excellent opportunity to review and re-evaluate what is most important and necessary. If an individual moves from the hospital to an assisted living community, it's a great time to do a medication review. What medications should we continue or add? Which ones should be discontinued temporarily? And which ones should we eliminate altogether? Data indicates that when medications are not managed correctly, they contribute to falls, injuries, and a variety of other adverse side effects. With this age group, you need to apply the same person-centered, individualized approach for medicines. For one 80-year-old, two

medicines may be perfectly appropriate. Another may need ten. There may certainly be some wisdom in prioritizing medicines and reconsidering those intended for prevention that require use over decades to be effective. For example, will an 85-year-old benefit from a cholesterol lowering medication?

Q How does this person-centered approach apply to day-to-day activities?

A The best possible performance for any individual is relative and is not based on age. The idea is to try to approach your limit, without it having a negative effect. Right now, in my 40s, I can work 80 hours a week, and at age 80, perhaps I will be able to work 10 hours a week. There might be another 80-year-old who is able to work more, and yet another who is frail and nearing the end of life. You'll visit a Health Center and see a resident with dementia challenged beyond his abilities by a family member. Or a senior at home will be overactive because she's heard that she needs to be doing something physical every day. It's about being in balance and maximizing what each individual can do.

Q How has the increase in lifespan changed the way we view the elderly and their medical treatment?

A New problems previously unseen have become more common – dementia is one of those conditions that seems to be on the rise; however, it is more likely that we are seeing more people who reach the age to experience dementia. A more unfortunate occurrence includes complications of chronic illnesses for which there are no effective treatments, as in the dysfunction or outright failure of organ systems such as the digestive system, skin, or lungs. This sometimes occurs when we have effective ways of promoting longevity through the use of medications or devices for one failing organ but not another. An example would be a failing heart that is treated with an implanted pacemaker or defibrillator. The heart continues to function (albeit in a reduced capacity), while lung, kidney, skin, or digestive function deteriorates. In a recent article from the Associated Press, Dr. Ira Byock, Director of Palliative Care at Dartmouth-Hitchcock Medical Center stated, "People are actually now sicker as they die, and some find that treatments become a greater burden than the illness was." In the geriatric field, we often focus our efforts on quality of life and function – two areas in which we can be very effective. Again, the key is a person-centered approach.

Exemplary and Caring Community Leads Grateful Family Member to Make Gift to Support Middlewoods of Farmington



Isabella Maffiolini

In 1990 my wife Anne and I began a search for assisted living for my mother, Isabella. After visiting six places in the Greater Hartford area, Middlewoods of Farmington was the top choice for us and for my mother. The other places seemed too large and too institutional. Middlewoods of Farmington was just the right size and a true community where she could get to know the staff and all the residents.

My mother was a people person and truly enjoyed the many friends that she made. She participated

in many of the activities available. Arts and crafts, the daily morning exercise class, and the Sunday ride were my mom's favorite activities. Together we enjoyed peaceful walks surrounded by lawns and woods and the wonderful patio and gazebo. She commented to me that all of the staff were very friendly, sincere, and went out of their way to make each day special. I met many of them over the years and certainly agreed with her assessment.

Shortly after my mother passed away, we decided to send a contribution in her memory to United Methodist Homes. We sent this gift in recognition of the excellent attention and care that my mother received at Middlewoods of Farmington. It is not only an assisted living community; for the nine years she lived there, it was an extended family, where she loved, and felt loved by, everyone."

Paul Maffiolini

Support for Dignified Senior Care As Part of Your Legacy?

Many forward-thinking donors have made legacy gifts that have built the capacity of United Methodist Homes to provide outstanding care to seniors. These gifts are primarily bequests by will, trusts, and gift annuities that pay a lifetime income.

Our gift annuities currently pay the following rates of return:

Annuitant Age	70	80
Value of gift	\$10,000	\$10,000
Guaranteed annual income from the annuity	\$570	\$710
Fixed payout rate for the annuity	5.7%	7.1%
Effective rate of return for a donor in the 15% tax bracket	6.3% *	8.0% *

Gift annuities may also be set up to pay income to two annuitants during their lifetimes. For further information, please return the form on the right, or call Bob Congdon at **203-925-4952**.

*A portion of the annuity income may be tax-exempt, boosting your effective rate of return.

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