

The Silver Bulletin

Resolution or Change in 2023

As we move into the New Year, many will begin to start thinking about making a New Year's resolution. Instead of just making a resolution, how about truly making 2023 a year of change. One change we all can make together and encourage one another on is making 2023 a year of healthy change. As we have all experienced how important our health is during the past two years, why not continue to appreciate our health and make some healthy changes instead of just making a resolution. Now that the Holidays are past, here are some healthy tips from the National Institutes of Health (NIH) that we can all use to put us on track to a healthy change.

1. Choose healthy meals. Adding more fruits and vegetables, whole grains, and low-fat dairy products that you like is a good way to start. You're more likely to stick with the ones that you like.
2. Increase your physical activity. Set specific goals. For example, walk 30 minutes, five days a week. Be realistic about your time and your abilities. Also, please check with your Physician before starting any new physical activity.
3. Increase your water intake. There's almost never a bad time to drink water. Keeping hydrated is very important to keeping our bodies functioning well. Drink water throughout the day to keep hydrated.
4. Get more sunlight. Exposure to sunlight can help our bodies produce vitamin D, an essential nutrient for building strong bones, and strengthening our immune system.
5. Get more fresh air. Fresh air not only cleanses our lungs, it can boost your mood, lower your heart rate, increase energy levels, and even improve digestion.
6. Get adequate rest. Rest is vital for better mental health, increased concentration and memory, a healthier immune system, reduced stress, and even a better metabolism.
7. Most all, be patient. Changing life style habits takes time.

Let's make 2023 the year that will set the foundation for keeping our communities healthy and strong again. Let's keep COVID and influenza in check by encouraging everyone to adhere to the Centers for Disease Control and Preventions (CDC) guidelines. Mahalo Hawaii for keeping our communities healthy and safe.

HAPPY NEW YEAR!

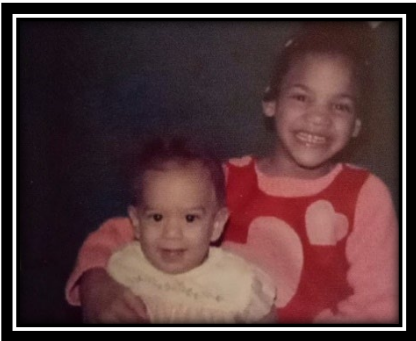


The Silver Bulletin

ADRC CORNER

The Aging and Disability Resource Center (ADRC) is an access point for older individuals, caregivers and people with disabilities.

The ADRC provides information, resource awareness, and assists with connecting people to services and supports island-wide. Aging and Disability Service Specialists are available to answer questions and provide assistance in our **Hilo (808-961-8626)** and **Kailua-Kona (808-323-4390)** offices. Please call us to schedule an appointment Monday through Friday from 8:30am-3:30pm (closed on holidays).



Meredith Catalini- ADRC Manager

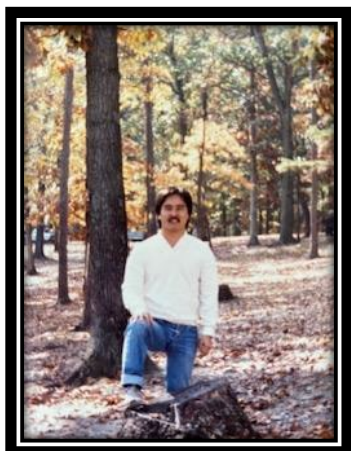
My baby sister and I on Valentine's Day 1976. Oh, how I loved the role of big sister and enjoyed having my very own "living doll". A sister's love!

"A sister can be seen as someone who is both ourselves and very much not ourselves—a special kind of double."

—Toni Morrison

Kimberlee Sato- Aging and Disability Services Specialist I (Hilo)

My two sisters (10y and 3y) and I (13y) having a "cease fire" moment in front of our Christmas tree so mom could save that moment forever. Christmas time was filled with family traditions, family gatherings, and laughter. Those wonderful days of my youth will forever be cherished in my heart and memories.



Wesley Tanigawa- Aging and Disability Services Specialist II (Hilo)

In the Blue Ridge Mountains, November 1985. The fall season is beautiful. So can it be for the autumn years of our lives.

The Silver Bulletin



Leilani Westergard- Aging and Disability Services Specialist I (Hilo)

My mom and I. There aren't a lot of photos with my mom- she was always the person behind the camera. Now that I'm a mother, I now understand all the little sacrifices for our family.

Alice Bratton- Aging and Disability Services Specialist I (Kona)

That's me in the middle between my grandmother, Alice, and my sister, Sue, in 1978. Sue had just returned from West Africa, where she was in the Peace Corps, and I was moving to Portland, Oregon. My mother took this picture after we'd had lunch in this downtown Indianapolis restaurant.



If you can't fly, then **run**.
If you can't run, then **walk**.
If you can't walk, then **crawl**,
but by all means, **keep moving**.

- Martin Luther King Jr.

The Silver Bulletin

Dehydration in Elderly People: Risks, Warning Signs, and Prevention Tips

www.greatseniorliving.com/articles/dehydration-in-elderly

Did you know that the consequences of dehydration in elderly adults are often serious—more so than in younger people? Seniors also have more risk factors for becoming dehydrated. But here's the good news: Dehydration can be easily prevented. Awareness is the first step in avoiding the health problems that can be caused by a lack of fluids.



What Is Dehydration?

Water is the source of life. That may sound like an exaggeration, but it's true. Throughout your life, water is essential for many of your body's functions, including:

- Temperature regulation
- Waste elimination
- Joint lubrication
- Delivery of nutrients to cells
- Blood oxygen circulation
- Skin hydration
- Cognitive function

You become dehydrated when your body doesn't have enough water to sustain these vital processes. However, maintaining the right amount of water to avoid the consequences of dehydration can be a little tricky. That's partly because you lose water through sweat, urination, and other normal bodily functions.

Why Dehydration Is More Common Among Seniors

Why does the risk of dehydration increase with age? Older adults are prone to dehydration because they can experience several health or lifestyle conditions that lead to low fluid levels. Many seniors experience at least one of the following risk factors:

1. Age-related physical changes

Studies have found that although seniors are at greater risk for dehydration, they drink less water, on average, than younger people. That's often because seniors experience a weakened sense of thirst, so they don't always **2.**

The Silver Bulletin

2. Medication side effects

Many medications that are commonly prescribed to seniors can act as diuretics (i.e., they can increase the production of urine) and contribute to dehydration.

3. Incontinence issues

If you restrict your fluid intake because you're worried about incontinence, talk to your doctor. He or she can help you to determine how much water you should be drinking.

4. Fear of falling

Some seniors resist drinking a lot of water because they worry about falling if they have to get up at night to pee. But being dehydrated is also a risk factor for falling.

5. Living conditions: Seniors in nursing homes are more likely to become dehydrated because they are often dependent on staff members to help them with their fluid intake

6. Medical issues: Many seniors have medical conditions that can lead to dehydration. Examples of health problems that can result in fluid loss include diarrhea, fever, and diabetes.

Signs of Dehydration in Elderly People

It's important to be aware of the signs and symptoms of dehydration. In elderly people, the effects of being dehydrated can progress quickly, so you must act fast if you suspect dehydration. In the initial stages, you can tell if an elderly person is dehydrated by checking for the following signs of mild dehydration:

- Cracked lips
- Dry mouth
- Dry skin, particularly in the armpits
- Less frequent urination than normal

More severe effects of dehydration in the elderly are:

- Dark-colored urine (instead of the color of pale straw)
- Strong-smelling urine
- Dizziness
- Increased heart rate
- Muscle cramps
- Crying without tears
- Confusion
- Irritability
- Fatigue
- Headaches
- Fainting

Keep in mind: Dehydration symptoms in elderly adults aren't always clear-cut. For example, some medications can affect the color of urine. Additionally, although dehydration can cause hallucinations in the elderly, cognitive

The Silver Bulletin

changes from dementia or side effects from certain medications can sometimes be responsible for the experience of perceiving things that aren't there.

How to Prevent Dehydration in Elderly Adults

Consider all of the factors that can influence how much water you need to drink, including any medications you take, your body weight, and your activity level. Discuss all of it with your physician. An elderly person should drink an amount that is based on the personalized advice of his or her doctor. There's no universal rule for the amount of water you should drink.

It's also important to remember that you can drink beverages other than water to reach your daily fluid requirements. Even though water is a great beverage, a study in *The American Journal of Clinical Nutrition* found that other drinks may be more effective because they don't lead to as much urine production. The study determined that milk, orange juice, and commercially prepared electrolyte replacement drinks are effective at preventing dehydration.

1. Keep in mind that not all fluids come in a glass.

Many foods contain a lot of water. Vegetables, most fruits, and soups can all contribute to your daily fluid intake.

2. Use technology.

Use your smartphone for more than taking pictures! Check out some of the many apps that can track the number of drinks you consume in a day or that notify you when it's time for a drink.

3. Keep drinks nearby and visible.

Seniors often miss out on drinking fluids because they simply forget or can't access them. An attractive water bottle provides a portable way to always have a drink at hand.

4. Make drinks enticing and consider alternatives to water.

Some seniors find water a bit too boring. Adding a little juice or a flavored drink mix can boost its appeal. Sparkling water is also a nice change. You can also add a slice of fruit, berries, cucumber, mint, or basil!

5. Create routines.

Adding fluid intake to daily routines will make drinking a habit. For example, if you take medication, drink a full glass of water with it.

6. Work on fall-prevention strategies.

Feeling more confident on your feet can reduce worries about falling at night if you have to pee.

The Silver Bulletin

7. Work with staff in assisted living facilities or nursing homes.










Seniors in residential or long-term care facilities can face extra challenges in getting enough fluids. If you're concerned about a loved one, be sure to talk to the facility's staff to find out how they encourage and monitor fluid consumption.

Knowledge Is Prevention

Being aware of the risk of dehydration is the first step toward averting it. Don't hesitate to talk to your healthcare providers about creating strategies to stay hydrated. Although dehydration in elderly people can be serious, it's also preventable and treatable.

EAT YOUR WATER

MADE BY fittrainers

		
Cucumbers 96.3%	Watermelon 91.4%	Celery 95.4%
		
Tomatoes 95.2%	Lettuce 95.6%	Strawberries 90.7%
		
Cantaloupe 91.2%	Pineapple 87%	Peach 87.9%

The Silver Bulletin

LGBTQ+ SUICIDE PREVENTION RESOURCES

Trevor Lifeline - 1 (866) 488-7386

Phone support for LGBTQ youth available 24/7
thetrevorproject.org/get-help-now

Trevor Text - Text START to 678-678

Chat & text support for LGBTQ youth available
 M-F 3-10pm EST/ 12-7pm PST

SAGE Elder Hotline - 1-888-234-5428

Peer-support and local resources for older
 adults



Trans Lifeline - 1 (877) 565-8860

Support for transgender people, by
 transgender people

National Suicide Prevention

Lifeline - 1 (800) 273-8250

Provides 24/7, free and confidential
supportsuicidepreventionlifeline.org

Crisis Text - Text TALK to 741741

Text with a trained crisis counselor for free
 24/7
crisistextline.org

Members of our community are likely to live alone and feel isolated. Through our hotline, we can connect everyone with a phone to an LGBTQ+ responder who is friendly, knowledgeable, and ready to listen. The hotline is managed by our partner [United Way Worldwide](#).



**DIVERSE
INCLUSIVE
ACCEPTING
WELCOMING
SAFE SPACE
FOR EVERYONE**

The Silver Bulletin

The SAGE LGBTQ+ Elder Hotline is available 24 hours a day, 7 days a week, in English and Spanish, with translation in 180 languages.

WHY DO YOU NEED AN ADVANCE HEALTH CARE DIRECTIVE?

What if you are in a car accident or have a severe stroke and are unable to speak? Medical decisions will need to be made...*who will speak for you?* The AHCD allows you to choose someone you trust to speak for you and it also allows you to decide what kind of medical care you want...or do not want.

Medical technology extending our lives means that death is no longer what we once thought of as “natural”. Many people are dying in ways they would not choose, and many survivors are left feeling guilty and uncertain whether they made the right decisions for their loved ones.

Community First Hawaii has scheduled workshops every other month during 2023. According to Charlene Iboshi, who chairs the Advance Health Care Directive committee, “At our workshops, we go step-by-step through the AHCD document, providing an understanding of your choices regarding end-of-life medical care. We encourage you to document your choices now before a medical emergency occurs.”

If you already have a Living Will, Health Care Power of Attorney, or AHCD, learn how to review it to ensure it meets your current needs.

The workshop is free and (when completed) your AHCD will be a legal document.

Your doctor and the hospital want you to have an advance directive that documents your wishes. If your family has to guess what you would want, they may disagree and argue. That makes it difficult for the doctor to honor your wishes.

REGISTER NOW for a workshop. Here are the dates and times:
Sunday, January 22 from 2 to 3:15 pm.
Wednesday, March 8 from 9 to 10:15 am

In-Person Workshop Registration:

Online: <https://www.communityfirsthawaii.org/registration>
Or call Annie Maeda at 808-987-1230

Zoom Workshop Registration:

Online: <https://www.communityfirsthawaii.org/registration>

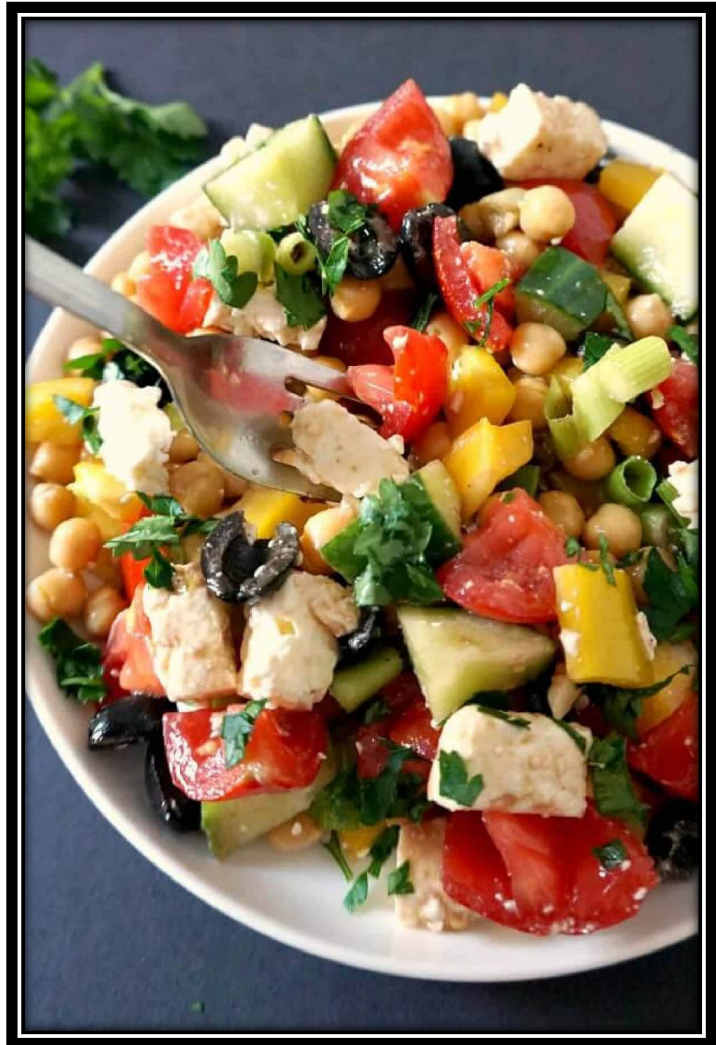
The Silver Bulletin

If you are unable to participate in the above workshops and need personal assistance, contact Amy Hamane, 808-443-4033.

Easy Chickpea Salad

Ingredients

- 2 cans chickpeas (drained)
- 4 small tomatoes
- ½ red pepper
- ½ yellow pepper
- ½ green pepper
- 1 cup cubed feta cheese
- ¼ cup sliced black olives
- 2 spring onions
- ½ cup cubed cucumber
- 1 tablespoon olive oil
- ½ tablespoon balsamic vinegar
- ¼ teaspoon salt
- ⅛ teaspoon black pepper
- a pinch of sugar
- 1 teaspoon chopped parsley



Instructions

- Chop the tomatoes, peppers, cucumber and add them to a bowl together with the chickpeas, feta, olives and chopped spring onions.
- To make the dressing, combine the olive oil, balsamic vinegar, salt, pepper, parsley and sugar and stir well.
- Pour the dressing over the salad and mix well.

The Silver Bulletin

- Serve cold.

SMALL KINE

FUNNY KINE

What's the difference between a hippo and a Zippo?

One is heavy and the other is a little lighter.

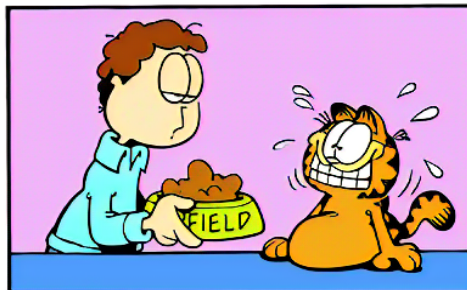
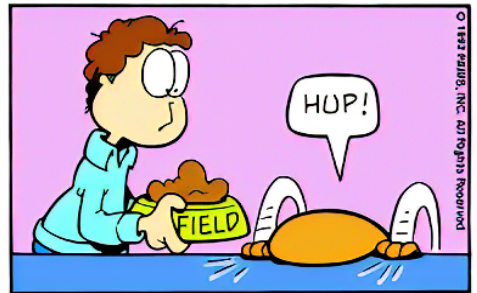
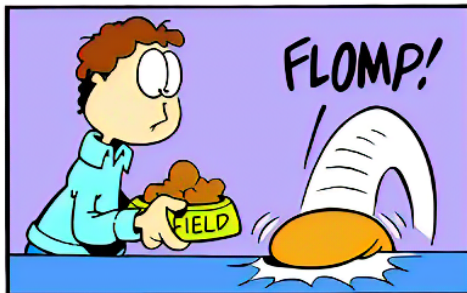
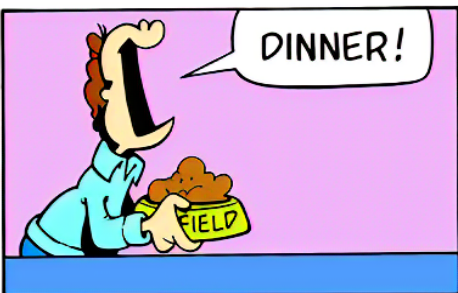
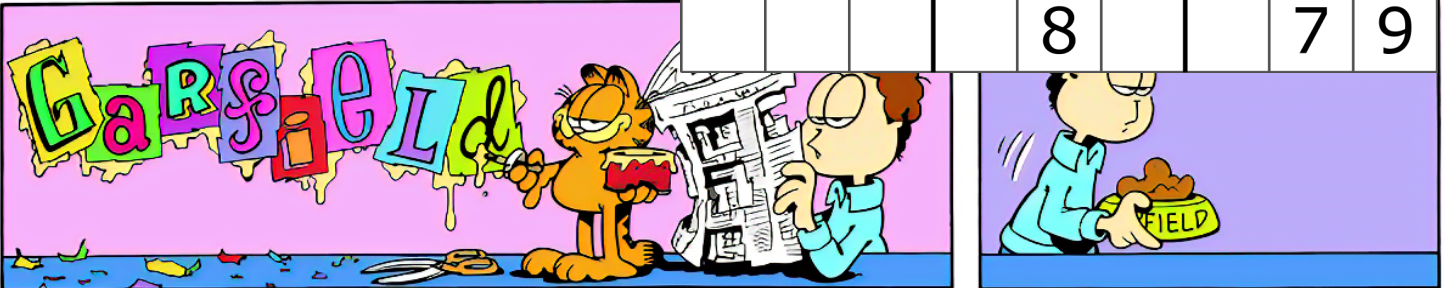
Which state has the most streets?

Rhode Island.

Want to hear a joke about construction?

I'm still working on it.

5	3		7			
6		1	9	5		
	9	8				6
8			6			3
4		8		3		1
7			2			6
	6				2	8
		4	1	9		5
			8		7	9



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HAWAI'I COUNTY OFFICE OF AGING



Executive on Aging **William Farr III**



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Hilo, HI 96720
(808) 961-8600

Aging & Disability Services
(808) 961-8626

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Aging & Disability Services
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Aging Program Planner II
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Aging & Disability Services Specialist II
Aging & Disability Services Specialist I
Aging & Disability Services Manager

Aging & Disability Services Specialist I
Information & Assistance Clerk
Aging Program Planner II

Thank you to our Senior Training & Employment Worker:
Stuart Taketa

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