



Elder Fraud Fighters of Oregon Tribune

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Anorexia in later life — A REAL concern — Part 2

This research article was developed by Charmain Spencer of the Gerontology Research Center, Simon Fraser University in Vancouver, Canada. Adapted and used with permission.

There is a wide spectrum of anorexia that occurs among older adults. In a person grieving the loss of a spouse, friends, another person or things important to them, you can often see markedly diminished appetite. Overt depression may or may not be apparent.

A second anorexic pattern occurs in older adults when the person decides to stop eating. They deny being hungry and refrain from eating. They may become emaciated and die. There is a distortion of body image as they do not consider themselves thin. They deny having thoughts about suicide, suicidal ideation and, if asked, wish to be resuscitated in the event of cardiac arrest. Morley & Castele describe one atypical person who engaged in sham eating: he would chew and then spit out most ingested food. In spite of weight loss, he felt his body size was “just right.”

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Two reports examine elder abuse in Indian country

News Briefs, National Center on Elder Abuse, July/August 2004 Volume 6 No. 10/11

In two new reports commissioned by the National Center on Elder Abuse, the National Indian Council on Aging explores the special needs of abused or vulnerable Indian elders and promising approaches to prevention. The reports serve as an authoritative overview of the needs and issues in Indian country, and

offer culturally responsive interventions to assist vulnerable elders.

To download the report *Preventing and Responding to Abuse of Elders in Indian Country* and/or *A Review for the Literature: Elder Abuse in Indian Country - Research, Policy and Practice* go to the NCEA Web site: www.elderabusecenter.org/default.cfm?p=nativeamericans.cfm

Elderly Floridians received help from HHS after Hurricane Charley

Administration of Aging, Aging News, Sept. 2004

Of the 20 counties in the United States that have the highest percentage of elderly individuals, nine of those counties were affected by Hurricane Charley. The Administration on Aging (AoA) provided a \$200,000 grant in addition to the \$83 million awarded to Florida in fiscal year 2004 for elderly programs. These additional funds were to be used by state officials to fill any gaps in providing emergency care for seniors needing help after the hurricane.

AoA supplied meals and water to seniors who were affected by Hurricane Charley. In addition, AoA sent a liaison to help federal workers coordinate assistance and services to elderly individuals.

HHS' Health Resources and Services Administration (HRSA) worked with health centers in neighboring counties to send staff in to

assist health centers in hardest hit areas, especially to address surge needs of special populations including migrants and the elderly.

HHS' Centers for Medicare and Medicaid Services (CMS) worked closely with the Medicare contractors — fiscal intermediaries and carriers — and managed care plans to ensure that health care services continued as needed without any concerns for payment. Particular attention was paid to ambulance providers who transported Medicare beneficiaries to safer facilities and to providers of managed care plans who needed to approve requests for out-of-network services.

HHS' Substance Abuse and Mental Health Services Administration (SAMHSA) made mental health professionals available who are specifically trained to assist individuals affected by disasters. Studies indicate that lingering affects may occur in people and families long after the physical damage has been fixed.

Morley does not report seeing bulimia in older adults that is manifested by bingeing or purging. However, he considers the almost universal laxative use among older adults to be a possible form of purging.

Other writers note that food refusal among some older adults can represent a hunger strike and an attempt to regain some control in their lives (e.g., where and how they will be living) that the person otherwise would not have.

There are other forms and physiological causes for loss of appetite in later life: diminished sense of smell or taste often happens more as people age and that may influence food choice and limit the type and quantity of food that some older adults eat. Zinc deficiency produces absence or distorted sense of taste and may also have a role in the decreasing enjoyment of food.

Other writers describe other factors. An overview of eating habits and appetite control in later life written in 2003 by Donini, et al points out that an unintentional reduced energy intake causing weight loss may be caused by social or physiological factors. Poverty, loneliness, and social isolation are the predominant social factors that contribute to decreased food intake in older adults. Depression is a common problem that can cause loss of appetite. The reduced food intake may be due to the reduced drive to eat (hunger) resulting from needing less (a lower need state), or because the brain signals the stomach that it is “full” faster.

Then there are physical factors such as poor dentition and ill-fitting dentures. Prescription

drugs can be the culprit too: a number of them can cause malabsorption of nutrients, gastrointestinal symptoms and loss of appetite.

Another overview points out that in the older population the most common causes of anorexia are pulmonary and cardiac diseases, cancer, dementia, and alcoholism; contributing factors include depression and certain medications such as chemotherapeutic drugs. Obviously the situation is stressful for the older person and those who care about the person. Poor nutrition has a big effect on the development and progression of chronic diseases commonly affecting older adults.

The next issue of *The Effort* will contain these and other topics: What we know about anorexia and women; anorexia can be found anywhere; and the connection between alcohol use problems and anorexia.

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Helpful safety tips from the National Institute on Aging

There are many things you can do to keep you, your money and your property safe. These do's and don'ts give you a place to start.

Be safe at home

- Do try to make sure that your locks, doors, and windows are strong and cannot be broken easily. A good alarm system can help.
- Do mark valuable property by engraving an identification number, such as your driver's license number, on it.
- Do make a list of expensive belongings — you might even take pictures of the most valuable items. Store these details in a safe place.
- Don't open your door before looking through the peephole or a safe window to see who's there. Ask any stranger to show proof that he or she is who they claim to be. Remember, you don't have to open the door if you feel uneasy.
- Don't keep large amounts of money in the house.

- Do get to know your neighbors — join a Neighborhood Watch Program.

Be street smart

- Do try to stay alert. Walk with a friend. Stay away from unsafe places like dark parking lots or alleys. If you drive, don't open your door or roll-down your window for strangers. Park in well-lit areas.
- Do have your monthly pension or Social Security checks sent right to the bank for direct deposit. Try not to have a regular banking routine.
- Don't carry a lot of cash. Put your wallet, money, or credit cards in an inside pocket. Carry your purse close to your body with the strap over your shoulder and across your chest.
- Do not resist a robber—hand over your cash right away.
- Don't keep your check book and credit cards together. A thief who steals both could use the card to forge your signature on checks.

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Anorexia — continued from page 3

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Tommy G. Thompson, former Secretary of Health and Human Services, on Mike Leavitt

Mike Leavitt is a strong, common-sense leader who knows how to deliver results. He will make a terrific Secretary of Health and Human Services.

As a former governor, Mike knows how to make government work for the benefit of our citizens in a way that is responsible to taxpayers. He knows the value of bringing people together to solve the tough challenges facing America. And he knows the importance of continuing to strengthen the health care system and the well-being of the American people.

Governor Leavitt has a compassion for the hopes and health of people, which makes him a strong fit to lead what we call the Department of Compassion. He will be a willing partner with state and local governments to better the lives of our citizens.

The Department of Health and Human Services has a dedicated and professional team of public servants. The employees of HHS are the best public servants in the federal government. We are home to the best scientists and public health experts in the world. And we have a strong, dynamic leadership team, beginning with Deputy Secretary Claude Allen who helps manage HHS with great skill and efficiency.

One of the strengths Mike inherits is the leadership of Dr. Mark McClellan at the Centers for Medicare & Medicaid Services. Mark is doing a remarkable job of implementing the Medicare Modernization Act so that seniors can fully benefit from new coverage for prescription drugs and preventive services. In addition, he is implementing important improvements to Medicaid to better help Americans in need. It is essential to have a leader of Mark's caliber in the critical position of CMS Administrator.

Disaster scams

Once again fraudulent telemarketers claiming to be from relief agencies used disaster relief to develop credit card scams. They took advantage of concerned people wanting to help with tsunami disaster relief in Asia by requesting and taking credit card donations over the phone.

Many people fell for this scam. **Again, we want to remind you NOT to give out your credit card, social security or Medicare numbers to people who call you on the phone.** If you want to help victims of a disaster, you can call one of the appropriate agencies doing the work. That way you can be assured that your money is going to a legitimate relief effort.

Older Americans 2004: Indicators of well-being

Federal Forum reports Americans aging well, but gaps remain.

Federal Interagency Forum on Aging-Related Statistics Most older people are healthier, wealthier, and better educated than previous generations, but these gains have not been equal among today's older Americans.

In 2003, there were almost 36 million people age 65 and older living in the United States, accounting for just more than 12 percent of the total population. Most of these older Americans reported better health, greater wealth, and higher levels of education than older people in the past.

However, some groups of older Americans are disproportionately disadvantaged including those with limited education, women and minorities. These findings are presented in *Older Americans 2004: Key Indicators of Well-Being*, the second comprehensive analysis of the lives of older Americans compiled by the Federal Interagency Forum on Aging-Related Statistics (Forum).

The Forum, established in 1986, is a consortium of 12 Federal departments and agencies that collect or use national data on older Americans, including population trends, health status, economic prosperity, and use of health care services. The goal of the Forum is to improve the quality and usefulness of data on aging.

"*Older Americans 2004* provides a comprehensive picture of one of the fastest growing segments of our society," says Katherine K. Wallman, Chief Statistician, U.S. Office of Management and Budget. "The report is an

invaluable resource that provides a wealth of data from diverse sources across the federal government."

Older Americans 2004: Key Indicators of Well-Being, an update of the Forum's 2000 report, comprises 37 key indicators concerning lives of older Americans and their families. The indicators are divided into five subject areas: population, economics, health status, health risks and behaviors, and health care. The data are arrayed in charts and tables with accompanying narrative.

Forum highlights

Highlights of the findings include:

Population — Older Americans have attained higher levels of education. In 1950, 17 percent of the older population had graduated from high school and only 3 percent had at least a Bachelor's degree. By 2003, 72 percent were high school graduates and 17 percent had at least a Bachelor's degree.

Despite the overall increase in educational attainment among older Americans, substantial educational differences exist among racial and ethnic groups. In 2003, 76 percent of non-Hispanic whites age 65 and over had completed high school. Older Asians also had a high proportion with at least a high school education (70 percent). In contrast, 52 percent of older blacks and 36 percent of older Hispanics had completed high school.

Continued on next page

Between 1990 and 2000, the proportion of men age 65 and older who were veterans went up from 54 percent to 65 percent. Although the number of older veterans is projected to decline slightly from 2000 to 2010, it is projected to increase thereafter due to the aging of Vietnam era veterans.

Economics — The trend in median household income of the older population has been positive. Between 1974 and 2002, the median income for households in which the householder was 65 and older increased (in 2002 dollars) from \$16,882 to \$23,152. Correspondingly, fewer older people are living below the poverty threshold. The percentage of older people living in poverty declined from 35 percent in 1959 to ten percent in 2002.

Between 1984 and 2001, the median net worth of households headed by people age 65 and older increased by 82 percent (after accounting for inflation). Although the rate of growth has been substantial for both older black and older white households, large differences in wealth continue to exist. In 2001, the median net worth of older white households (\$205,000) was five times larger than for older black households (\$41,000).

More women age 55–69 are working than ever before. In 2003, about three-fifths of women age 55–61, almost two-fifths of women age 62–64, and more than one-fifth of women age 65–69 were in the labor force.

Health status — Americans are living longer than ever before. In 1900, the average 65-year-old could expect to live almost

12 more years and the average 85-year-old could expect to live an additional four years. By 2001, life expectancy at age 65 had increased to more than 19 years for women and about 16 years for men, and at age 85 it was seven years for women and six years for men.

The age-adjusted proportion of older Americans with a chronic disability declined from about 25 percent in 1984 to 20 percent in 1999. The proportion disabled declined from 19 percent to 15 percent for men age 65 and over and from 28 percent to 23 percent for women age 65 and over. Because of the decline in disability rates, the number of older Americans with chronic disabilities increased by only 600,000 from 6.2 million in 1984 to 6.8 million in 1999. This number would have been much higher had the disability rate not declined.

In 2002, close to one-half of all older men and nearly one-third of older women reported trouble hearing without a hearing aid. Vision problems, even with glasses or contact lenses, affected 18 percent of the older population, specifically 16 percent of men and 19 percent of women.

Health risks and behaviors — The increase in the prevalence of overweight and obese older adults has been dramatic. In 1999–2002, 69 percent of Americans age 65 and older were overweight or obese. In the last two decades, the increases among those age 65–74 have been especially striking. Between 1976–1980 and 1999–2002, the percentage of people age 65–74 who were overweight or obese rose from 57

percent to 73 percent; the percentage who were obese doubled from 18 percent to 36 percent.

The percentage of older men who are current smokers declined from 29 percent in 1965 to 10 percent in 2002. The corresponding percentage for women has remained relatively constant, declining slightly from ten percent in 1965 to nine percent in 2002.

In 2002, 46 percent of people age 65 and older lived in a county where ozone concentrations reached levels that were above EPA standards compared with 26 percent in 2000. About 19 percent lived in a county where fine “particulate matter” (PM 2.5) concentrations, considered to have the greatest potential to affect the health of older adults, reached levels that were above EPA standards. This percentage was 27 percent in 2000.

Health care — Medicare pays for slightly more than half (54 percent) of the overall health care costs of its enrollees age 65 and older. This population pays 21 percent of their health care costs out-of-pocket. Medicaid covers 10 percent of costs, and other payers, primarily private insurers, cover another 15 percent.

Average prescription drug costs for older Americans increased rapidly throughout the 1990s, especially after 1997. Average costs per noninstitutionalized Medicare enrollee age 65 and over were \$1,340 in 2000. The average number of filled prescriptions for this population also rose

substantially over time, averaging 18 filled prescriptions in 1992 and 30 filled prescriptions in 2000.

An increasing number of older veterans are turning to the Veterans Health Administration (VHA) for their health care needs despite their potential eligibility for other sources of health care. In 2003, approximately 2.3 million veterans age 65 and over received health care from VHA, and an additional 1 million older veterans were enrolled to receive health care from VHA but did not use its services that year.

The 12 agencies and departments that comprise the Forum are the Administration on Aging, the Agency for Healthcare Research and Quality, the Bureau of Labor Statistics, the U.S. Census Bureau, the Centers for Medicare & Medicaid Services, the Department of Veterans Affairs, the Environmental Protection Agency, the National Center for Health Statistics of the Centers for Disease Control and Prevention, the National Institute on Aging at the National Institutes of Health, the Office of the Assistant Secretary for Planning and Evaluation in the Department of Health and Human Services, the Office of Management and Budget, and the Social Security Administration.

The report is available at <http://www.agingstats.gov>. Single printed copies of *Older Americans 2004: Key Indicators of Well-Being* can be obtained from the National Center for Health Statistics by calling (301) 458-4636 or by sending an e-mail to nchsquery@cdc.gov.

Study projects impact of Medicare drug benefit in 2006

A study released by the Kaiser Family Foundation projects that Medicare beneficiaries who sign up for new Part D drug plans and receive the additional subsidies for low-income beneficiaries will pay an average 83 percent less out-of-pocket for prescription drugs in 2006 than they would if the benefit had not been enacted.

Medicare beneficiaries who enroll in the drug benefit but do not receive the low-income

subsidies will pay an average 28 percent less out-of-pocket for prescription drugs as a result of the benefit, the study projects. “This analysis shows that the prescription drug law will provide the most help to seniors with low incomes and very high drug bills, just as Congress intended,” said Drew Altman, president of the foundation. The study report is available at <http://www.kff.org/medicare/med112204pkg.cfm>.

Safe and revitalized neighborhoods

If you are interested in crime prevention and neighborhood restoration, then you might want to know that *In-Sites* magazine is now published exclusively on the Internet. The U.S. Department of Justice, Community Capacity Development Office (CCDO) that assists communities as they seek to increase safety and revitalize neighborhoods, is proud to present In-Sites as an electronic magazine.

The CCDO has remade In-Sites into an electronic-only publication to give you quick and easy access to important information from the field and to update you on CCDO’s new focus areas: public housing, reentry, and American Indian/Alaska Native affairs.

Now there’s more news about what’s going on in *Weed & Seed* sites and what’s working in communities across the nation. The stories will focus on law enforcement; community

policing; prevention, intervention, and treatment; neighborhood restoration; reentry; issues that are affecting American Indians and Alaska Natives; and more!

The current issue contains a number of interesting stories, including an award-winning community policing program, a successful reentry program, and two new federal partnerships that can help people manage and save their money.

To view the latest issue of *In-Sites*, please visit: <http://www.ncjrs.org/ccdo/in-sites/welcome.html>. Please join in this exciting venture — let us know what’s happening in your community. Use *In-Sites* to keep up with the news that’s important to you.

Safety tips — continued

There are many organizations that have more in-depth information on crime prevention or protection. Check with the following groups for suggestions that can help you feel safer.

- ❑ National Organization for Victim Assistance
1730 Park Rd., NW
Washington, DC 20010
1-800-TRY-NOVA (24-hour hotline)
www.trynova.org
- ❑ Criminal Justice Service
600 E. St., NW
Washington, DC 20049
202-434-2222
- ❑ Council of Better Business Bureaus
1411 K. St., NW, 10th Floor
Washington, DC 20005-3404

www.bbb.org

Ask for the fact sheet *Tips on Elderly Consumer Problems*

- ❑ Federal Trade Commission
600 Pennsylvania Avenue, NW
Washington, DC 20580
1-800-FTC-HELP (382-4387)
www.ftc.gov
Look for the booklet *When Bad Things Happen to Your Good Name*. It is available online at <http://www.ftc.gov/bcp/conline/pubs/credit/idtheft.htm>

And remember you can help yourself and others by reporting crimes when they happen. If you do not report a crime because of embarrassment or fear, the criminal stays on the streets.

FTC fraud survey

Federal Trade Commission Press Release,

In the fall of 2004, the Federal Trade Commission (FTC) released a survey revealing that 25 million Americans have been hit by fraud in the past year - and minority groups are far more likely to be victims of these types of scams. Hispanics are twice as likely as non-Hispanic whites to be victims, according to the telephone survey results. Blacks are three times as likely. A stunning 34 percent of American Indians had been hit by fraud, a rate six times greater than non-Hispanic whites.

About six percent of white consumers reported being victimized during a one-year span, according to the survey of 2,500 randomly chosen consumers.

“The results of our survey indicate that

fraud in the U.S. is a serious problem,” said Howard Beales, director of the FTC Bureau of Consumer Protection. “We have brought many enforcement actions against these types of scams in the past, and we will bring more in the future.”

Beales said the agency will fine-tune its Hispanic Law Enforcement and Outreach Initiatives as a result of the findings, and “explore additional opportunities to target frauds aimed at communities that are at risk.”

The survey, taken in May and June of 2003 but was released in August 2004, shows that consumers with high levels of debt were more likely to be victims of fraud. Three of the top four categories of fraud related to credit, including credit-repair scams often targeting those with high debt loads or bad credit.

***The Effort* goes electronic**

Beginning with the Fall 2005 edition of the *The Effort*, we will no longer be printing and mailing paper copies. *The Effort* will be available online and you may e-subscribe. You will then be notified whenever a new issue is posted on the DHS Web site.

If you wish to continue reading *The Effort*, go to

<http://www.oregon.gov/DHS/spd/pubs/index.shtml#newsletters>
and sign up to be notified when a new issue is posted on the DHS Web site.

Disaster scam warning

As we go to print with this issue of *The Effort*, the Gulf Coast hurricane is taking a huge toll on the Gulf Coast states. Whenever there is a disaster anywhere in the world, there are scam artists just waiting to make money from it. Our hearts go out to the victims and most of us want to help.

But remember...

Scam artists will be using the Gulf coast hurricane disaster to solicit money from unsuspecting people for “aid to hurricane survivors.” We urge those of you who want to donate money to contact an agency that provides aid (like NW Medical Teams or Red Cross) or watch your television news for places to donate money. Every time something horrible happens in the world, scammers bilk hundreds of thousands of dollars from well meaning people who just want to help. The best practice is to **NOT** donate money for hurricane relief to someone who calls you. If you want to donate, **you** do the calling.

When reporting suspicious activity.....

1. Call your provider (doctor)
2. Call your insurance carrier
3. Call the Medicare/Medicaid statewide fraud reporting number at:
1-800-232-3020

Have these items available when you call.....

1. Medicare number
2. Doctor's name
3. Date of service
4. Description of problem

OUR STRONGEST WEAPON AGAINST MEDICARE FRAUD IS THE TELEPHONE

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Oregon Seniors and People with Disabilities

Department of Human Services
500 Summer St. NE E-95
Salem, OR 97301-1076

