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INNOVATIONS AND IDEAS

Identifying Mild Cognitive Impairment in Older Adults

Mild cognitive impairment (MCI), a relatively new descriptive category, is believed to represent a stage between normal aging and early dementia. Identifying MCI has not been an easy task because there has been little agreement in the literature on definitions, classification, and measurement tools to identify persons in this state. Nurses are in a key position to detect early cognitive changes in elderly across the continuum of senior living and long term care settings.

The following criteria have been used to identify persons with MCI:

- Cognitive complaints reported by the patient or their family
- Patient or informant report of a decline in cognition and/or functional performances compared with previous abilities
- Cognitive disorder evidenced by clinical evaluation (impairment in memory or other cognitive domain)
- Absence of major repercussions on daily life (although may have difficulties with complex day-to-day activities)
- No evidence of dementia

The purpose of this study was to describe an approach to identifying MCI using a variety of measures and a consensus conference with neuropsychologists. The study was conducted in a sample of 130 elderly participants (aged 82.5 years; 81% female) residing in nursing homes, assisted living facilities, and senior housing. A team of clinicians (neuropsychologists and nurses) reviewed cognitive, mental health, and demographic data in consensus conference and classified study participants into 1 of 3 groups: cognitively intact (50.8%), amnesic MCI (19.2%), or probable dementia (30%).

The researchers classified individuals into cognitive status groups based on test scores alone and compared quantitatively determined groups with consensus conference evaluations. The results indicate that 95% of the participants were correctly classified. Further, results revealed a pattern in which persons with amnesic MCI have subtle memory impairments (similar to persons with dementia) but that more general cognitive functioning remains high (similar to intact persons).

The high rate of amnesic MCI found in this sample is important to consider clinically because health care providers may encounter increasing numbers of persons with MCI and should thus be equipped with the tools to gather more information regarding the cognitive status of their clients. It is important for health care professionals to become part of the team in identifying MCI as they

hold specific knowledge of their clients' cognitive abilities through interacting with and educating them. Nurses' heightened awareness of subtle distinctions in the dimensions of cognitive status associated with MCI can enhance their practice and assist them in making more informed referrals for dementia evaluations.

Source: *Geriatric Nursing, Jan-Feb, 2008*

THE LATEST IN AGING RESEARCH

Chronic Pain Impact Use of Mental Health Services by Elders

Mental health disorders commonly co-occur in patients with chronic pain, but little is known about the role of chronic pain in mental health service use. In this study, the authors explored the role of chronic pain in mental health service use by adults according to age group.

The authors conducted a cross-sectional analysis of survey data from the second wave of the Health Care for Communities telephone survey collected in 2000–2001. Participants consisted of adults (N = 6629) from randomly selected U.S. households. Common mental disorders were assessed using the short-form versions of the World Health Organization's Composite International Diagnostic Interview. Chronic pain conditions and mental health services received were identified by self-report. Physical and mental functioning was assessed using the Short Form-12.

Adults older than age 60 had higher rates of chronic pain and lower rates of mental health service use compared with those aged 18–60 years. In multiple logistic regression models, an interaction effect was found between age and chronic pain (odds ratio: 3.0 [1.1–8.0]) with chronic pain significantly increasing the odds of any mental health care in the past year in adults older than 60 years of age.

Chronic pain increases the likelihood of mental health service use among older adults. Chronic pain may facilitate the presentation of distress in medical settings for these adults.

Source: *American Journal of Geriatric Psychiatry, February 2008.*

Diabetes Diagnosis Rates Soaring

The number of seniors with diabetes jumped roughly 23% between the years 1993-1994 and 2003-2004, according to a recent study published in the Archives of Internal Medicine. Even though diabetes can lead to serious complications, such as congestive heart failure, the study showed that the death rate for patients diagnosed with diabetes decreased by 8.3%. The study used Medicare claims and other data to examine trends in the rates of diabetes and its complications.

Diabetes care cost the United States around \$174 billion in 2007, according to the American Diabetes Association. About half the treatment cost came in the form of inpatient care. The cost of routine care to treat the condition is relatively low, the ADA reported last month.

Source: *McKnightsonline.com Daily Update*

Drug Benefit a Boon For Seniors, Costly For U.S.

After a rocky start, Medicare's drug benefit appears to be delivering a lower prescription tab for seniors, along with a whopping bill for the federal government, new research shows.

The Medicare drug benefit led to a 17 percent decrease in out-of-pocket expenses, or \$9 a month, for seniors who enrolled in the new Medicare Part D benefit in 2006, the first full year prescription coverage became available in the federal health insurance program for the elderly and disabled.

The savings amounted to an extra 14 days of medicine for those who signed up, or a 19 percent increase in prescription usage, according to a study recently released on the web site of the Annals of Internal Medicine. The study, considered by its authors to be the first in-depth examination of the impact of Part D, does not reveal shocking surprises in usage, considering the desire of seniors to have drug coverage. But its authors said the program was clearly working, reflecting the experiences of millions of Americans.

"We found that it had a modest but significant effect on both savings and drug use," said Dr. G. Caleb Alexander, assistant professor of medicine at University of Chicago Medical Center and one of the study's authors. "Despite extensive debate, it was not clear to what extent Part D would save people money or allow them to obtain drugs they might not otherwise be able to afford."

The Medicare Modernization Act established a drug benefit for Medicare's more than 43 million beneficiaries. Not all had access to prescription coverage under Medicare before the law, the largest expansion of Medicare since the program's inception in 1966.

Unlike studies that have focused largely on those who are covered under the Part D drug benefit, researchers say their work is different because it compared out-of-pocket costs and the number of pills bought by those who were eligible with patients who were not. They also compared the experience of people eligible for Part D who enrolled with those who did not sign up. Part D enrollment "stabilized" after the May 15, 2006, sign-up deadline, and the study looked at the first year's usage to determine the \$9 a month prescription savings. Distributed across the entire pool of Medicare beneficiaries, the drug benefit led to a 13.1 percent decrease in out-of-pocket expenses, or \$5 a month, and a 5.9 percent increase in prescription use, or four days of pills.

Alexander said some may consider such savings as "insufficient and not worth the money," but there is other research that shows increased drug usage may lead to fewer visits to doctors and hospitals and therefore to cost savings.

Because the study did not look at such health outcomes it fell short, an accompanying "audio editorial" on the Annals' web site said. That, however, was not so much the fault of the authors but rather of the federal government, which has yet to release Medicare claims data that would help answer questions about the quality of care seniors were receiving with their new benefit and whether drugs were being used appropriately, the editorial says. The study, the editorial noted, looked at prescription usage and not drug usage, which is different because some seniors are known not to take the medicines in their prescriptions. Still, Medicare's drug benefit, which overcame initial computer glitches and some confusion by consumers, brought an estimated 10 million seniors who had no drug coverage an array of options for prescription benefits, the Centers for Medicare & Medicaid Services said.

Critics of the drug benefit have said it has caused runaway growth in Medicare spending. Full implementation of the new benefit contributed to an 18.7 percent increase in total Medicare spending in 2006. While such growth is not a surprise given the creation of a new entitlement, it was the fastest growth rate since 1981 and double the increase in 2005, federal officials said in a report announced Tuesday by government officials and published in the January/February issue of the journal Health Affairs.

Medicare spending jumped to \$401.3 billion in 2006 compared with \$338 billion in 2005, according to the report from the Centers for Medicare & Medicaid Services, which administers the Medicare program. The benefit helped drive total U.S. prescription spending up 8.5 percent in 2006 compared with 5.8 percent the year before. That, however, is below the average annual rate of increase of 13.4 percent between 1995 and 2004.

Among some controversial Part D options were choices sold by private health insurance and pharmacy benefit firms, whose stock prices have climbed in the last two years in part because of subsidies brought by new Medicare money. Humana Inc., for example, which offers drug benefits to Medicare recipients through drug-only plans and managed-care plans that offer additional health benefits such as physician care, has seen its stock price soar more than 55 percent in the last year. That's due in part to money it has made off the Medicare program. Meanwhile, share prices of pharmacy benefit management companies such as Medco Health Solutions Inc. and Express Scripts Inc., have soared more than 90 percent and 120 percent, respectively, since January of last year.

Private insurers and drug benefit companies administering the drug benefit say their efforts through co-payment structures and coinsurance helped drive seniors to cheaper generic drugs that have helped restrain drug spending growth.

"Pharmacy benefit managers are helping to keep prescription drug prices stable, while also expanding access," said Mark Merritt, president and chief executive of the Pharmaceutical Care Management Association, a lobby that represents large drug benefit firms including CVS/Caremark Corp., Express Scripts and Medco Health Solutions. "The [report in Health Affairs] shows that proven pharmacy benefit management tools like tiered co-payment structures, co-payment waivers, and step therapy are major factors helping to hold down drug [costs]."

Source: Chicago Tribune, January 9, 2008, By Bruce Japsen

Few Studies Explore MRSA Prevention Strategies for Nursing Homes

Methicillin-resistant *Staphylococcus aureus* (MRSA) is making news as a dangerous, sometimes fatal disease, for hospital patients, and in recent cases, students. MRSA is also a major source of illness acquired in nursing homes, yet few studies have looked at how to prevent its spread among elderly residents, according to a new review. Close living proximity, multiple medications, pressure sores, and catheters all make nursing homes ideal for breeding and spreading MRSA; however, nursing homes appear to have been shortchanged in the medical literature on prevention, despite studies repeatedly reporting that residents are at higher risk.

"Much of the research effort around MRSA to date has focused primarily on hospitals," said Carmel Hughes, lead review author. Hughes, a professor of primary care pharmacy at Queen's University Belfast in Northern Ireland, and colleagues searched for randomized and controlled clinical trials that focused on infection control interventions in nursing homes. They found none.

Hughes said introducing effective interventions in hospitals might be easier because hospitals have isolation facilities and greater access to infection control expertise. Infection control training is not routinely available in nursing homes, she added.

"It is likely that an intervention for MRSA in nursing homes will consist of screening recently admitted residents to the nursing homes, hand washing, and high standards of cleaning and decontamination," Hughes said. "It will be important for some staff members to make infection control a priority and that this is communicated to all other staff." Rigorous testing in the nursing home environment and detailed notes about such interventions will help ensure that they are effective, she added.

The review appears in the 2008 Issue 1 of *The Cochrane Library*, (<http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD006354/frame.html>) a publication of The Cochrane Collaboration, an international organization that evaluates medical research.

Source: Nursing Homes/LTCM eNewsletter

Medication Reduction Can Reduce Fall Risk Among Residents

A newly released Swedish study claims that curbing the amount of tranquilizers and antidepressants administered to nursing home residents and using wheelchairs and bed rails selectively will reduce falls among elderly, according to the *Journal of Clinical Nursing*. The study looked at residents in 21 nursing homes over a four-year time period. The study found that the residents in a wheelchair, needing bed rails, or using a safety belt were more often than not also taking sleeping pills and antidepressants, according to the study.

Source: CLTC Weekly

New Treatments for Chronic Slow-Healing Wounds

New treatments for chronic, slow-healing wounds and peripheral artery disease may be one outcome of new research published recently in the journal *Circulation Research*. The study outlines the ways in which a connective muscle tissue protein called "fibronectin" affect blood flow.

"Our data study suggests that engineering fibronectin could provide a simple, elegant way to maintain normal blood vessel function in the aging, and to restore such function in hard-to-heal wounds," said Ingrid H. Sarelius, Ph.D., professor of Pharmacology and Physiology at the University of Rochester Medical Center, and a study author. "Applying topical ointments that contain our engineered fibronectin fragments to chronic wounds should increase nutritive blood flow to accelerate healing," she added.

Source: McKnightsonline.com Daily Update

Obesity and Functional Disability in Older Adults

Over the past decades, the obesity epidemic has become a central public health issue in the United States. According to the most recent data from the National Health and Nutrition Examination Survey (NHANES 1999–2004), the prevalence of overall obesity, defined as a body mass index (BMI) of 30 kg/m² or higher was 30% or higher in most sex and ethnicity groups of U.S. adults and was particularly prevalent in non-Hispanic blacks and women. An increasing elderly population in the United States accompanies this high prevalence of obesity, which makes it a public health priority to understand associations between obesity and age-related health problems.

Functional disabilities are common in elderly people. They contribute to higher morbidity and mortality in this already fragile population and substantially increase the health burden on society. The public health effects of disability are expected to increase as the population ages.

In this cross-sectional analysis of elderly NHANES participants, indicators of overall and abdominal obesity were individually associated with functional disabilities in elderly American women and men. These associations appeared to be independent of the presence of several major chronic conditions. Furthermore, the data suggest that waist circumference may be a better predictor than BMI for certain functional domains in women.

Many epidemiological studies have found that high BMI, as an indicator of overall obesity, is associated with a high risk of disability, but in elderly population, it is probably more important to evaluate the health effects of abdominal obesity as body composition changes over the life span.

It is well known that obesity causes high mortality and contributes to higher risk of many chronic diseases, including diabetes mellitus, cardiovascular diseases, chronic pulmonary diseases, musculoskeletal illnesses, urinary incontinence, and certain cancers. Unlike most previous studies, this one involved a large national sample of elderly Americans that included different ethnic groups and social classes and therefore made the study conclusions more generalizable to overall elderly American women and men.

In conclusion, the current study suggests that indicators of obesity are associated with a higher prevalence of functional disabilities in elderly Americans and that the presence of major chronic conditions could not explain these associations. These findings are of great public health significance in strategic planning for disability prevention and intervention.

Source: *Journal of the American Geriatrics Society*, February 2008.

Potential Alzheimer's Treatment Discredited

Amyloid inhibitors, once considered the secret to preventing Alzheimer's, have been found to be ineffective in the treatment or prevention of Alzheimer's, a new study has found. And according to Brian Shoichet, senior study author and chemist at the University of California, San Francisco, researchers experimenting with amyloid inhibitors "should stop."

Previous research has found that, in Alzheimer's disease, proteins like amyloid-beta stick together in the brain tissue. It had been thought that amyloid inhibitors would prevent this buildup of proteins. Researchers at UCSF, however, have found that the so-called inhibitors actually form large clumps themselves, making them ineffective tools in treatment or prevention of the disease. The study was published Jan. 27 in *Nature Chemical Biology*, a monthly research journal.

Source: *McKnightsonline.com Daily Update*

Secret to Surviving to Exception Old Age?

Although it is commonly held that survival to age 100 years entails markedly delaying or escaping age-related morbidities, nearly one-third of centenarians have age-related morbidities for 15 or more years. Yet, researchers have observed that many centenarians compress disability toward the end of their lives. Therefore, this study hypothesized that for some centenarians, compression of disability rather than morbidity is a key feature for survival to old age.

This cross-sectional, nationwide study included 523 women and 216 men 97 years or older. The participants were stratified by sex and age at onset (age <85 years [termed *survivors*] and age \geq 85 years [termed *delayers*]) of chronic obstructive pulmonary disease, dementia, diabetes, heart disease, hypertension, osteoporosis, Parkinson disease, and stroke. Dependent variables were the Barthel Activities of Daily Living Index (Barthel Index) and the Information-Memory-Concentration test of the Blessed Dementia Scale.

Thirty-two percent of the participants were survivors. For men with hypertension and/or heart disease for 15 or more years, the median Barthel Index score was 90 (independence range, 80-100). For female survivors with hypertension, heart disease, and/or osteoporosis, the median Barthel Index score was 65 (minimal assistance range, 60-79). Generally, men had better function than women: 60% of male survivors had Barthel Index scores of 90 or higher compared with 18% of female survivors ($p < .001$) and 50% of male delayers had Barthel Index scores of 90 or higher compared with 27% of females delayers ($p < .001$).

Whereas the compression of both morbidity and disability are essential features of survival to old age for some centenarians, for others, the compression of disability alone may be the key prerequisite. Though far fewer in number, male centenarians tend to have significantly better cognition and physical function than their female counterparts.

Source: *Archives of Internal Medicine*, 2008, Vol. 168, No. 3, pp. 277-283.

Who Pays for Those Who Need Assistance?

Caregivers of people 50 years or older spend about 10% of their own income on the person, found a telephone survey of 1,000 people who cared for a relative or friend with chronic conditions. The average amount spent on caregiving was US \$5,531 a year, out of an annual median income of \$43,026. Among the caregivers, 22% had an annual income less than \$25,000 a year. The respondents were an average age of 56 years.

Caregiving expenses included household goods, food and meals (42%), travel and transportation (40%), medical co-pays and medications (31%), medical equipment and supplies (22%) and clothing (21%).

"We knew that the costs associated with caregiving needed a closer look, but to find that more than half of the caregivers are spending more than 10% of their income on average sheds new light on the incredible financial burden of those we're relying on to care for our aging population," said Gail Hunt, president of the National Alliance for Caregiving. "The study points to a Catch-22 for these caregivers. By spending today, they risk being unable to meet their own needs tomorrow."

Over half (69%) of the women consulted in a separate AARP telephone survey of 629 women, ages 45 years or older, have spoken with their parents about their ability to live independently as they get older. However, only 40% have begun planning with their parents for assistance they may need. Most of the women (68%) believed their parents were financially prepared to pay for assistance, although past AARP research has shown that people underestimate these costs and assume Medicare will help cover them, which is not accurate.

SOURCES: Evercare (November 19, 2007) and AARP (November 2007)

Online Response to Direct Mail Has Increased Since 2003

Vertis Communications recently unveiled the results of its proprietary *2007 Customer Focus@Tech Savvy* study, which found responsiveness to direct mail via the Internet has increased over the years for both men and women of almost every age.

Twenty-one percent of total adults in 2007 have responded to direct mail advertising in the past month by visiting a sender's Web site, up from 14 percent in 2003. Additionally, findings revealed older men's responsiveness to direct mail advertising through the Internet has grown the most, with 28 percent of men ages 55-64 indicating this behavior, up from 10 percent in 2003, and 15 percent of men 65 and older exhibiting the same pattern, up from 5 percent in 2003.

"Marketers must take note of the growing propensity of middle-aged and senior men who have begun turning to online resources to respond to direct mail," said Jim Litwin, vice president of market insights for Vertis Communications. "Adding an Internet component to direct mail campaigns targeting the older population may greatly increase the overall effectiveness of marketers' spending, particularly as men reach retirement and find more time to surf the Web."

Turning toward mobile phone preferences and attitudes, Vertis Communications' *2007 Tech Savvy* study further revealed older men ages 55-64 have remained the most satisfied with their cell phone companies over time, as only 13 percent of respondents indicated plans to switch service in the next year, no change from 2005.

The Vertis Communications *Customer Focus@Tech Savvy* study, which surveyed 2,000 consumers via telephone, also revealed the following:

- When expressing interest in a product or company, 55 percent of total adults prefer some form of interactive follow-up communication from the company, which include e-mails personalized to their needs, generic e-mails or text messaging.
- Women 65 and older are the least interested in personalized or generic follow-up e-mails from a company in which they have expressed interest, with 16 percent and 9 percent, respectively, being open to this type of communication.
- Forty percent of men 65 and older prefer an interactive e-mail from a company they have expressed interest in; compared to just 23 percent of their female counterparts.

For more data from this report including results on younger age groups and by income click here (http://www.vertisinc.com/files/PressReleases/071112PR_VCF_DM_TechSavvy_Consumers.pdf)

WHAT'S UP WITH BOOMERS

Group LTC Insurance Sales Increase in 2007

Almost 10,000 employer groups offer a form of employer-sponsored long-term care insurance with more than two million Americans insured by these plans, according to research conducted by the American Association for Long-Term Care Insurance and published in the organization's 2008 Sourcebook.

"Sales of group long-term care insurance policies increased in 2007 compared to the prior year," explains Jesse Slome, executive director of the national industry organization. "Much of the growth came from new entrants into existing plans and buy-ups by existing policyholders."

In 2007, the majority of buyers were under 55 years of age, the study revealed. "Half of all new policies provided a current daily benefit of between \$100 and \$200-per-day," Slome reports. "Almost four out of five (79%) selected a five-year or longer benefit period." Four of the nation's largest group long-term care insurers paid a cumulative \$172.1 million in claims during 2007, a 16.9% increase over their benefit payments the prior year, according to the study.

"Nearly 12% (11.9%) of those receiving first-time benefit payments from their group long-term care insurance were under age 60," Slome says. "The largest open claim ranged from \$340,000 to \$458,000 with claimants having received benefits for between six and nine years." The study also found that payments for home care accounted for nearly 40% (38.3%), while payments for nursing home care equaled 44.5%.

Source: Nursing Homes/LTCM eNewsletter

How to Use TV and the Internet to Tap Into the Boomers

The Baby Boomers-- those born between 1946 and 1964 -comprise a market of 76 million people. And unlike the younger generations who are saving to buy houses and cars and struggling to raise a family, Boomers have a fat wallet of disposable income (some experts have approximated that Boomers have nearly a trillion dollars of spending power).

So what's the best way to reach this market? TV and Internet, for sure. While television is still the most effective medium for reaching Boomers, the online options are growing fast. Following are some guidelines for using each effectively.

Boomers were the first generation to grow up with TV, so it makes sense that they still prefer this medium as they age. In fact, on average, Boomers watch 22 minutes more TV per day than younger people, according to Nielsen Media Research. And since TV viewership increases with age, as the Boomers mature, their TV viewing time will continue to rise. What does this mean for marketers?

Boomers tend to watch programs that center around life stages. For older Boomers, shows like "CSI" and "Dancing with the Stars" are favorites. Older Boomers also prefer news programs and are less interested in reality TV. For younger Boomers, shows like "Grey's Anatomy" and "Desperate Housewives" are popular. In addition, science fiction programming is popular with all Boomers, perhaps because this generation watched so much of the genre while growing up. Therefore, if you want your TV ads to reach Boomers in the most cost efficient manner, you have to place them during the shows that Boomers watch.

While younger TV viewers are likely to be online while watching TV, and may even interact with the program via online voting, text messaging or chat rooms, don't count on that with Boomers. They tend to focus on one media at a time. For advertisers, that means Boomers won't likely type in your displayed Web address while watching your commercial spot. Rather, they'll pick up the phone and call the toll-free number you display or go to your website after they finish watching a TV show.

The big misconception in online marketing is that you can't reach Boomers via the Internet. In fact, Baby Boomers make up one-third of the 195 million Web users in the United States, according to JupiterResearch. In addition, ad buyers targeted Boomers with close to 5 billion dollars in ads in 2004, out of 13 billion spent in Web advertising. So don't think that Boomers aren't online and that they reject technology. Nothing could be farther from the truth.

According to the Pew Internet & American Life Project, over half (54%) of 60- to-69-year-olds go online, and 72% of 51- to-59-year-olds surf the Net. Furthermore, studies show that Boomers spend more money online than the average Web user--yet they're still the most underserved audience on the Net. Therefore, if you want to serve this demographic, consider the following.

Boomers crave social networks. Sites like FaceBook.com and MySpace.com target younger people, and LinkedIn.com focuses on business professionals. While Boomers do participate in such online social networks, they usually discover that these sites have little to offer them. If you want Boomers to be regular visitors to your site, offer them a place where they can connect with each other and explore topics of interest to them. It may be helpful for you to check out a new site, TeeBeeDee, (www.tbd.com), which is specifically designed for Boomers and is positioned as a facebook.com for Boomers.

Boomers are most interested in such topics as security, longevity, money management, wealth transfer, lowering their bills, health and fitness, entertainment, hearth and home, hobbies and travel. They are frequent and engaged online users, so make sure your site has the type of information they are most interested in.

Boomers don't want a Web page to be overwhelming. Therefore, limit how much "stuff" you have going on the screen. Remember, Boomers don't like to multi-task, so don't try to pull their attention away from the core information they came to your site for. The key is to understand what this group wants, and how they use and view the different advertising mediums.

KEY RESOURCES IN AGING

Addressing Direct Care Workforce Challenges

Finding, hiring, training, and retaining direct care workers are enormous challenges for agencies and the people they support. Thankfully, there are many research-based solutions available to address these challenges. People may be wondering, "Where should I start? Where do we go from here?" The answers depend on precisely what challenges need to be addressed. Click on the following link to read some challenges and strategies for your organization to consider:

<http://ici.umn.edu/products/impact/202/over6.html>

Direct Care Work Still Tops List of Dangerous Jobs

Direct care work remains one of the most dangerous jobs in the nation, according to the 2006 Survey of Occupational Injuries and Illnesses

(<http://www.bls.gov/iif/oshwc/osh/case/osnr0029.pdf>) from the U.S. Bureau of Labor Statistics (BLS).

The BLS job category of "nursing aides, orderlies, and attendants" had the highest rate of injuries and illnesses requiring days away from work - 526 per 10,000 workers - of any job category, making them more than four times as likely to be injured on the job as the average American worker. They also had a far higher rate of work-related musculoskeletal disorders requiring days away from work than any other category - 293 per 10,000 workers, or 27,590 incidents.

Identity Theft Resource for Seniors

More than 80% of older consumers are concerned about becoming a victim of identity theft, AARP finds, and few know of a service that could protect them.

AARP says only 31% of seniors have ever heard of a security freeze, which requires the three consumer reporting agencies (Equifax, Experian and TransUnion) to block access to a consumer's credit information and score without the consumer's express consent or authorization. Such a freeze can block identity thieves from opening new lines of credit and bank accounts. AARP has set up a [Web site \(http://www.aarp.org/securityfreeze\)](http://www.aarp.org/securityfreeze) to educate older consumers about the practice.

Be certain to share this with your residents and clients.