

Kin Care *Newsline*

Developmental Disabilities
Edition

NEWS FOR KIN CARE CUSTOMERS

IN THE NEWSLINE: *Integration to Full Inclusion, Cataracts and Age Related Muscular Degeneration, Guardian Options*

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Integration to Full Inclusion

Integration, assimilation and diversity. Buzzwords? Philosophies? Or, principles to live by? These three words, used to encourage inclusion by the politically enlightened, inspire some but provide irritating background noise to others. As buzzwords, they can be seen as either entitlements or personal threats, depending upon one's viewpoint. To those for whom they are philosophies, these words provide fertile ground for highbrow arguments about whether government should play an activist role in facilitating inclusion of people of all stripes and abilities. As principles, they encourage protests pitting the helpers against the do-it-yourselfers, every one convinced there is a right way to move people forward. All these engage the idea but miss the point.

Full inclusion for all of members of society is more than a campaign slogan, philosophy or principle. Rather, it is a slow, arduous process of which integration, assimilation and diversity are steps along a continuum. It is a process that requires thinking, compassionate, committed people to make it work. And it is complex with many paths, some parallel, some intertwining, that lead people, some walking hand-in-hand, others keeping their distance from each other, to a central place where they finally see one another.

Meeting on common ground is the first step toward full-inclusion. It enables people to stand side-by-side. From there, lives may intersect, but more importantly, each person can then begin his or her own journey to wherever it may lead. When many are taking the same path, not necessarily as equals with those alongside, but at least aware of the parallel journeys, the process of assimilation can begin. And when day after day, people — people of all colors, ages, and talents — are walking down various paths together, the goal of diversity can begin to be realized. But it is only when those paths are continuously filled that true diversity will be achieved and only when the people on those paths have the genuine opportunity to reach their goals and have begun to do so, that full inclusion can said to be realized.

Where are we on the path to full inclusion for people with developmental disabilities? Probably at the level of integration and not much further. Sure, people are in the community, but not everyone who wants to be, while many of those who are still live fairly isolated lives, sometimes with their families, sometimes on their own, sometimes in group settings. Assimilation is proving to be difficult as people with challenges strive to build lives rich with activity and work alongside the able-bodied. Slow, arduous work, achieving diversity and then full inclusion will be hard, but ultimately, very satisfying to all who helped but more importantly, to all who *did it themselves*.

Cont. from Cataracts and Age Related Muscular...

AMD, age related macular degeneration leads the way as the primary cause of vision impairment and acquired blindness. The incidence of AMD increases with age affecting one out of six Americans aged 55 to 64 while rising to an alarming one in three Americans over the age of 75.

People with AMD have loss of central vision due to the death of rods, cones and retinal-pigmented epithelium cells. Rods and cones termed photoreceptors are essential for vision. If one or the other cell type dies this leads to the death of the other. Eventually one gradually loses their central vision inhibiting the ability to drive, read and see the faces of loved ones. Along with this occurring there is a tendency for new blood vessels to grow abnormally beneath the retina. They leak and bleed and may result in sudden and severe loss of vision. Laser treatment can sometimes be used to destroy the blood vessels. When cells are lost and they are destroyed and central vision loss can be profound.

Here's the good news, two promising antioxidants, zeaxanthin and lutein, which are found abundantly in macular pigment help halt the progression. Foods high in these antioxidants are whole, unprocessed foods that are bright and colorful – green, red, yellow and orange foods along with vitamin E and selenium.

FROM THE EXPERTS

Nutrition Bites

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Legal Briefs

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Cataracts and Age Related Muscular Degeneration

With time and antioxidative stress the aging eye accumulates photo-oxidative damage due to its interaction with light. This can put you at risk for developing one or two of the most prevalent eye diseases, cataracts and age related macular degeneration (AMD).

Cataracts are the leading cause of blindness worldwide and cost our Medicare system the greatest in dollars. Women are at higher risk than men and cataracts affect 30 to 40 % of people aged 75 to 85 years. Factors that increase ones risk include smoking, diabetes, inflammation, poor nutrition and exposure to sunlight.

Cataracts develop when lens proteins are damaged. They appear as cloudy or opaque lenses. Oxidative stress primarily from ultraviolet light is thought to be the primary cause. Cataracts are termed “nuclear” or “cortical” depending on their location. Currently cataracts are pretty much left alone until the individuals vision is severely impaired. Surgery then removes the cloudy lens and an artificial lens is implanted. ...cont. on page 1...

Kin Care, Inc. provides CILA housing and support services to persons with developmental disabilities in the homes of Kin Care host families and group homes. **Kin Care, Inc.** is accredited by CARF, The Rehabilitation Accreditation Commission. We maintain an open door policy. The results of inspections and reviews are available by written request. **Kin Care, Inc.** is an Equal Opportunity Employer.

Guardian Options

Parents or other family care givers may worry about who will care for, and protect, disabled children or adults, when the parents are no longer able to do so, either due to death or any other event which renders them unable to continue in their role as protector and/or care giver. It is especially important to assure that someone who has the knowledge, experience, and motivation, to adequately identify the disabled person’s needs, and to find, an arrange for, the services necessary to meet those needs, can step in when needed.

In addition to guardianship for a minor or adult disabled person, there are several other guardianship options which may be useful to know about. One option is short-term guardianship of a minor. A parent may sign a document appointing someone to act as a short-term guardianship for a minor child, without having to go to court. Both parents must agree to the appointment. The appointment lasts up to 60 days. Although a new appointment may be made at any time, only one stand-by guardianship may be in effect at one time.

Another option, available for both minors and adult disabled persons, is the appointment of a stand-by guardian. The parent or guardian signs a document, and a petition must be filed with, and approved by the Probate court. Then, when needed, the stand-by guardian can take over responsibility for the disabled child or adult. Within 60 days of taking over as stand-by guardian, a petition must be filed with the court to make the guardianship appointment permanent.