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## Benefits of Telemedicine

**F**or millenia the laying-on of hands represented the essence of the doctor-patient relationship: taking the pulse, tapping on and listening to the chest, feeling lumps—the human touch of the carer. But the covid-19 pandemic is accelerating the transition to a new model of remotely delivered health care that embraces the benefits of digital and data technologies. It is not a solution to the current crisis, but it will be one of its lasting consequences.

Telemedicine has been steadily on the rise for years, with companies around the world helping patients. It has not become a mainstream form of patient interaction because it defies the

time-honored custom of the physical visit. It also needs to overcome regulatory and commercial hurdles and requires a digital infrastructure that ensures secure connections between patients and physicians.

Yet as people worldwide faced a lockdown and needed medical consultations, remote health care was an important part of the response, hastening the telemedicine trend that had already been under way. Much of the technology already exists, and more is quickly being developed to combat the novel coronavirus.

There is good logic for remote care. A person with possible covid-19 symptoms

usually presents with a dry cough and fever (other symptoms can be fatigue, difficulty in breathing, and loss of smell and taste). They can have a rapid “video visit” with a doctor or a nurse and avoid going to a clinic teeming with other people who are possibly infected, And they won’t be a risk to the medical professionals who might otherwise be exposed.

This month, America’s Medicare program, which covers more than 60m elderly people, said it would allow online patient visits. It will certainly apply to all elective, routine and out-patient visits. And for any infectious disease, including the seasonal flu, clinics will not want to risk exposing other patients (and their family members) as they sit in waiting rooms, nor risk infecting health-care workers. Telemedicine will play the role of the first consultation, akin to the house-call of yore.

Video visits are also more efficient, requiring fewer health-care workers to manage the consultation, freeing them to work on other tasks. Patients concerned about symptoms can ask for guidance and the algorithmic system can respond with the most useful answers based on what worked best for others.

The microphone can be used by patients to do remote self-examinations, using an algorithm to analyse the cough and get a sense of whether a person has pneumonia. A “smart” thermometer used in America has accurately detected flu outbreaks and preliminary data suggest it predicted a covid-19 outbreak in Florida by spotting a rise in users’ body temperatures at a time atypical for the flu.

A decade ago fitness-trackers merely counted steps; today they measure heart rates and the latest Apple Watch can generate an ECG similar to a single-lead electrocardiogram. Similarly, the use of an inexpensive plaster (or “Band-Aid”) with sensors that continuously capture heart rate, coughs, breathing rate and body temperature can be used for remote surveillance of patients who do not require admission

to a hospital.

At Scripps Research, we recently published a study of over 47,000 people that showed that data from smartwatches on a resting heart-rate (which typically increases before abnormal body temperature or fever) predicted the onset of flu-like illnesses in geographic clusters as well as, or better than, established means. We just launched a large smartwatch research study in America to determine whether the same can be achieved for predicting clusters of the covid-19 outbreak. That could help promote precision quarantines, better containment and eventually, a treatments use at the earliest possible time.

There are also challenges and smart-phones and the assorted digital kit that connects to them remain expensive—which means telemedicine may not be viable for the poor or less tech-sophisticated elderly, who need these sorts of novel health-care solutions all the more.

Telemedicine will never fully substitute for an in-person visit, lacking the ability to conduct a physical examination (the laying on of hands) and a deep inter-human connection of non-verbal cues, the transmission of empathy, trust and more. Remote health care will be here to stay once the covid-19 crisis is gone.

It is important to acknowledge that other pandemics will be part of our future. Now is the time to harness the potential of the technology to provide better and more efficient care.

But being physically apart is antithetical to the essence of medicine: the human touch, the ability to meet in-person and the intimacy that enables compassion and empathy. Sacrificing that for now to the extent possible is in the best interests of all patients and the health-care workforce. Our digital tools can still keep us connected.

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*Eric Topol is the director of the Scripps Research Translational Institute, a medical foundation in La Jolla, California.*



## Why Experts Worry the Flu Season Will Be Severe in the U.S.

**T**he U.S. was largely spared from the influenza for the past two years.

But that likely won't be the case this time around.

Low levels of immunity as well as the relaxation of COVID-19 mitigation measures could fuel a severe flu season as colder weather pushes more people indoors, according to experts.

"We know over the last several years some people did not elect to get their flu shot," Rochelle Walensky, the director of the Centers for Disease Control and Prevention, told ABC News on Sept. 22. "We've had decreased rates of flu over the last several years and probably due to many of the mitigation strategies that we have in place for COVID. When that happens, we have decreased levels of population immunity, which raises the concern that the next year, you might have a higher, larger flu challenge."

What exactly is leading experts to believe the U.S. flu season could be significant? The biggest hint comes from the southern hemisphere, which already went through its winter flu season. Australia, in particular, saw its worst season

in five years.

In 2021, there were nearly 600 cases of laboratory-confirmed influenza in Australia and no deaths. During this year's flu season, the country has reported more than 224,000 cases and 305 deaths.

Children were especially hit hard during Australia's flu season. Kids aged 5–9 years reported the highest rates of flu along with children under 5 and adolescents and teenagers under the age of 20.

In the U.S., pediatric flu deaths have exceeded 100 most years since 2010. Last season, however, topped out at 39 deaths. The season before that saw just one death. Without much exposure to the flu over the past two seasons, experts are concerned children could also bear the brunt of the season in the U.S.

"This poses a risk especially to young children who may not have had much, if any, previous exposure to influenza viruses prior to this season because of the pandemic precautions that were put in place – the masking, the social distancing," said Andrew Pekosz, a virologist with the Johns Hopkins Bloomberg

School of Public Health.

Another COVID-19 surge is also expected in the fall and winter, but Americans have largely dropped masking and social distancing. It's unclear if they will be willing to go back to the measures, despite agreement among experts that it would help control both the flu and the coronavirus.

"If people are willing to restart some degree of social distancing and mask wearing if we see an uptick in COVID cases, then I would hope this would help mitigate any increase in spread of influenza as well," Jason McKnight, a clinical associate professor at the Texas A&M College of Medicine, said in a statement. "Many of the things we have been preaching for almost three years (hand-

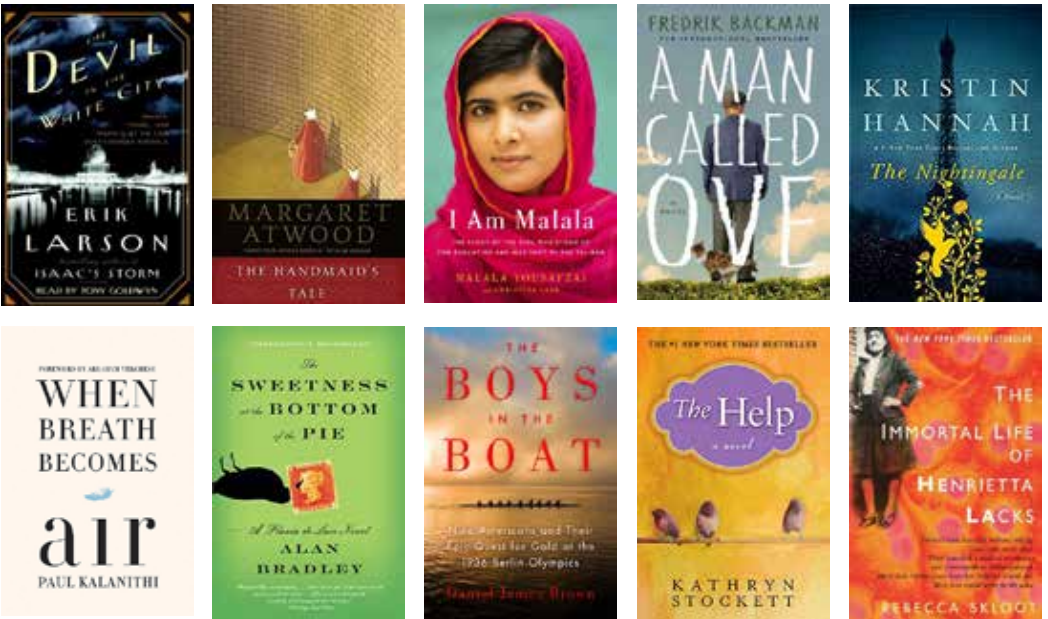
washing, social distancing when ill, mask wearing) will help prevent the spread of influenza just as it does for COVID."

Experts are urging individuals to prepare for the flu season by getting the vaccine.

"The simple solution here is to get your influenza vaccine to help limit cases and reduce severe disease," Pekosz said. "This is particularly true with high-risk groups."

High-risk groups include people 65 years of age or older, pregnant people and young children, among others.

The CDC recommends that everyone 6 months of age and older get an annual influenza vaccine. Shots should ideally be administered in September and October, according to the agency.



## 10 Must Read Books for Seniors

By Alissa Sauer

Nothing beats a good book. Books can take us places we have never been, help us relive another time, and take us on great adventures – all without ever leaving home. Stimulating conversations across generations, bringing people of all walks of life together, books and the discussion surrounding

them are powerful tools in improving the quality of life for anyone. Maybe that's why book clubs are popping up at senior living communities all over the country. Or maybe it's because reading has been linked to reduced stress, increased mental stimulation, and even improved memory. Whatever the reason, there's

The agency has urged people aged 65 and older to get one of the three high-dose flu vaccines available – Fluzone High-Dose Quadrivalent vaccine, Flublok Quadrivalent recombinant flu vaccine or Fluvad Quadrivalent adjuvanted flu vaccine – given that they are at a higher risk of severe illness, hospitalization and death from the flu. But if those shots aren't available, older Americans should get whatever vaccine is.

“We know flu vaccination remains the best way to protect yourself and your family from flu,” Walensky said at an event this week.

But flu vaccination rates among adults fell last season to around 45%, according to CDC data, and this season's rates aren't shaping up to be much better.

According to a survey from the National Foundation for Infectious Diseases, only about 49% of adult Americans plan to get the flu shot for this season.

Countries in the northern hemisphere should heed the flu data from the southern hemisphere and prepare for the season, according to Maria Van Kerkhove of the World Health Organization.

“Countries need to be agile to be able to surge up and surge down necessary requirements for testing, for clinical care to make sure that the workforce is protected and respected to provide the best optimal clinical care that they can,” Van Kerkhove said at a recent press conference.

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*By Cecelia Smith-Schoenwalder*

no doubt that reading is a popular pastime among people of all ages – and especially seniors.

From time treasured classics to more recent thrillers, here are 10 books that seniors shouldn't miss.

### **1. THE NIGHTINGALE**

**By Kristin Hannah**

Hannah's novel is a World War II page-turner featuring two sisters living in France when the Nazi's invade. The sisters respond in very different ways to the occupation with one ultimately joining the Resistance and putting her life on the line for freedom. A popular book for all generations, *The Nightingale* is a must-read for anyone who loves historical fiction and cheers for the underdog.

### **2. A MAN CALLED OVE**

**By Frederik Backman**

In this novel, a lonely and sad old man hides behind a grumpy exterior, leading his neighbors to call him the bitter neighbor from hell, but it all changes when chatty young neighbors with young children move next door to him. At times funny and at other times breathtakingly heartbreaking, *A Man Called Ove* explores the power of

intergenerational friendship and makes us want to love our neighbors a little bit better.

### **3. THE BOYS IN THE BOAT: NINE AMERICANS AND THEIR EPIC QUEST FOR GOLD AT THE 1936 BERLIN OLYMPICS**

**By Daniel James Brown**

This non-fiction read will appeal to those who enjoyed *Unbroken* and *Seabiscuit* by Laura Hillenbrand. The dramatic story of the American rowing team that stunned the world at Hitler's 1936 Berlin Olympics, the author draws from the boys' own diaries and journals to share their remarkable story about beating the odds and finding hope in desperate times.

### **4. THE IMMORTAL LIFE OF HENRIETTA LACKS**

**By Rebecca Skloot**

Henrietta Lacks, known by scientists as HeLa, was a poor Southern tobacco farmer whose cells were taken without her knowledge and ultimately became one of the most important tools in modern medicine. The first “immortal” human cells grown in culture are still alive today, even though Henrietta

Lacks passed away more than 60 years ago. Skloot takes the reader on an extraordinary journey, breaking down hard to understand scientific principles, and leading the reader to question the origins and ethics of modern medicine.

### **5. THE SWEETNESS AT THE BOTTOM OF THE PIE**

**By Alan Bradley**

Set in the English countryside in 1950, this book is an old-fashioned mystery novel and is the first book in a 10-book series. The main character is an 11-year-old amateur sleuth and chemist who uses her skills to clear her father of a murder charge. Although the main character is a child, the style and tone of writing and the powerful character development makes this a great read for anyone who loves vintage traditional crime novels.

### **6. THE HELP**

**By Kathryn Stockett**

Exploring an era that will be familiar to most seniors, *The Help* is a story of African-American women in the South, the white women that they worked for, and the children they helped raise. Hilarious and heartbreaking at the same time, *The Help* showcases cultural and socioeconomic differences in 1962 America but is truly a timeless story about the rules we follow and the ones we refuse to follow.

### **7. THE DEVIL IN THE WHITE CITY: MURDER, MAGIC AND MADNESS AT THE FAIR THAT CHANGED AMERICA**

**By Erik Larson**

Alternating between two men, *The Devil in the White City* tells the tale of the Chicago World's Fair, contrasting the fair's brilliant architect with a young doctor and murderer. While the architect builds the fair's attractions, the murderer constructs a torture chamber just outside the fairgrounds. Drawing the reader into another time and place with real-life characters, *The Devil in the White City* and Larson's superb

story-telling skills brings the Gilded Age to life for the reader.

### **8. WHEN BREATH BECOMES AIR**

**By Paul Kalanithi**

Author Paul Kalanithi was a neurosurgeon who died from lung cancer while working on this book. Diagnosed with stage IV lung cancer, the neurosurgeon goes from a doctor treating the dying to the one being treated and struggling to live. Chronicling his transformation from a medical student to exploring questions of life and death, this exquisite memoir is an unforgettable and life-affirming reflection on what it means to live truly.

### **9. I AM MALALA: THE STORY OF THE GIRL WHO STOOD UP FOR EDUCATION AND WAS SHOT BY THE TALIBAN**

**BY Malala Yopusafzai**

On October 9, 2012, Malala Yousafzai was shot by the Taliban for forcing her right to an education. Her miraculous recovery has taken her from her remote village in Pakistan to the United Nations, and at the age of 16, she has become the youngest-ever Nobel Peace Prize laureate. The true story written by Malala herself will inspire every reader to stand up for injustice and speak out against violence.

### **10. THE HANDMAID'S TALE**

**By Margaret Atwood**

Set in a futuristic dystopia, *The Handmaid's Tale* is set in an age of declining births where a totalitarian state has overthrown the United States government. Exploring a range of themes including a woman's role in society, women's rights, the role of childbearing in society, the role of religion in society, and government's role in society, there is sure to be a lively discussion following this read.

What would you put on your "must-read" reading list for seniors?



## Dedication and Compassion are the Keys to Quality Senior Care

It is the mission of Independent You to provide quality senior care and to enrich the lives of the seniors that we care for. It is our Care Managers, nurses and caregivers that set us apart from our competitors. We develop a close relationship with the clients that we serve. We strive to be an extension of you when you can't be there with your loved one.

Our Registered Nurses have earned a Bachelor of Science in nursing degree (BSN) and have extensive backgrounds in a wide variety of clinical settings. They come with a great deal of insight and years of experience extending care to our seniors. They provide a careful assessment of the individual's needs, engage in the selection of qualified, trustworthy and compassionate caregivers and monitor on-going care for our clients.



### 9 Years of Service:

Penny Mahin

### 8 Years of Service:

Fatmata "Binta" Barrie

Pamela Dulles

Avis Walker

### 7 Years of Service:

Israel Eshete

Florence Fofana

June Marshall

### 6 Years of Service:

Tina Ansah

Patty Carson

Lily Gonzales

### 5 Years of Service:

Vivian Atanga

Diane Fortune

Josephine Gopiao

Lawrence Morahan

### 4 Years of Service:

Azeb Getahun

Abdulai Jalloh

Margaret Nakiganda

Emma Sesay

Karim Williams

### 3 Years of Service:

Babie Bereteh

Alfred Deen

Manso Dumbuya

Jalikatou "JJ" Jalloh

Victoria "Kay" Opoku-Acheampong

Our caregivers are employees of the company. Prior to employment, we execute complete background checks on our applicants that include: VA State Police search, National sex offender search, criminal check through local, county and city resources, DMV report, and social security identity search.

Hard work, loyalty and diligence are the cornerstones of great employees at Independent You.

We would like to acknowledge the many years of dedication from our outstanding caregivers.

Independent You is dedicated to helping seniors and their families and hopefully in the process, enriching their lives. We hope that you will allow us to extend a helping hand to you or a loved one to live a more independent life.



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*Providing  
personalized,  
senior care  
and care  
management  
services for  
seniors who  
wish to remain  
independent*



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