



Aging in Place Tech Talk: Mobile Help – Senior Care Corner Show Transcript

Barry: Welcome to the Senior Care Corner Show. I'm Barry.

Kathy: And I'm Kathy. Thanks for joining us.

Barry: As always, you'll find us at SeniorCareCorner.com with solutions, tools and information for family caregivers and others who care for and about senior adults.

Well Kathy this is an episode today that we, or at least I, have really been looking forward to. We got an opportunity to talk with one of the pioneers in the field of fall detection for the elderly. And I'm really looking forward to playing that, we got the chance to talk him a couple days ago and we're going to include that here as our feature segment today.

Before we get to that though, why don't you go through the news items that you've prepared for us?

Kathy: Okay Barry, I've found some interesting new studies for us.

Exercise May Help People with Alzheimer's Avoid Nursing Homes

A new study finds that regular exercise slows disability and prevents falls in patients with Alzheimer's disease without increasing costs.

Exercises tailored to the individual and performed in the home for Alzheimer's patients can help maintain independence and delay the move to a nursing home.

Not only mental decline but also physical decline in those with Alzheimer's disease deserves attention. Muscles become stiff and uncoordinated and may start to tremor. Alzheimer's patients thereby may lose the ability to brush their teeth, climb stairs, and dress or feed and bathe themselves.

The study included more than 200 patients with moderate to severe Alzheimer's disease who were living at home with a caregiver and showing signs of physical decline. The participants were divided into three groups: home exercise, group exercise at a day care center and a control group with the usual care.

The home exercise group got visits from a physical therapist specialized in dementia care for one hour twice a week with individual plans. The group exercise class went to a center twice a week and were guided through exercises. The control group was given information from nurses on exercise and nutrition.

After one year all groups showed decline in physical function but the groups that exercised regularly fared better compared to the usual care group. The in home exercise group saw about half of the decline of the usual group and half as many falls.

The group exercise showed benefits but it was not statistically significant. Group exercisers were more likely to skip their sessions.

During the year, the in home exercisers had fewer hospitalizations and saved money on medical bills which more than offset the cost of a therapist.

These exercise programs were able to show an improved quality of life and reduced the burden on home caregivers.

Barry: Well Kathy, once again you've managed to find a place where's there's a benefit for exercise. And you keep coming up with new ones!

Kathy: That's right! It's so important. Our next news item:

Tai Chi Might Help Stroke Survivors Avoid Falls

A new study suggests that adopting the ancient Chinese discipline of tai chi may help stroke patients avoid debilitating falls.

Stroke survivors suffer seven times as many falls as healthy adults. These falls can cause fractures, decrease in mobility and increase in the fear of falling which can lead to social isolation or dependence on others.

Maintaining balance after a stroke is challenging.

The study participants were split into different groups. One group received usual care, one group participated in a SilverSneakers fitness program and the third group practiced tai chi. The exercisers did one hour class three times a week for 12 weeks. The usual care group received a weekly phone call and material about physical activity.

Tai chi includes physical movement, mental concentration and relaxed breathing.

During the study, there were a total of 34 falls in their homes among participants primarily from slipping or tripping. Of those 34 falls, 15 were in the usual care group, 14 in the SilverSneakers group and only 5 in the tai chi group.

Researchers state that the main benefit of tai chi is the integration of mind and body through meditation in motion to improve motor control.

Barry: That's very interesting. I guess that's one more thing for patients to take up when they've really encountered a, what would otherwise be or for some is a debilitating illness.



Kathy: Right. Our next news item:

Diabetes Self-Care Improves Slowly

More Americans are meeting their diabetes care goals but nearly half still aren't achieving targets for blood sugar, blood pressure and cholesterol according to government officials.

Only 14 % of people with diabetes hit all the recommended health targets according to the Centers for Disease Control. Between 33 and 49 % of those with diabetes were not meeting their targets. Data was gathered from more than 100,000 adults with a diabetes diagnosis.

Almost 19 million US adults have diabetes, 95% have type II diabetes. Untreated or poorly treated diabetes can lead to serious complications including vision problems and kidney disease.

Diabetes goals include Hemoglobin A1C levels- 7% or less; blood pressure less than 130/80; LDL cholesterol below 100 mg and no tobacco use. Most are focused on blood sugar control but the key for anybody with diabetes is a comprehensive control of the risk factors. All of these items will improve quality of life.

Between 1999 and 2010, 8% improved their A1C levels, 12% improved their blood pressure readings and 21% lowered their LDL cholesterol levels. Unfortunately, tobacco numbers did not move. One in five people with diabetes uses tobacco.

CDC officials say that they have made many gains but have a long way to go to achieve the targets. They feel that people must work together with healthcare partners to explore and breakdown the obstacles for improvement.

Barry: Well that's an important area too given that so many more people either have or at risk for diabetes in the world today. And we need to do a better job of taking care of it.

Kathy: Right! And we have to remember it's not just about blood sugar control. It's about controlling ALL of our health factors.

Our next and final news item:

Extra Fiber Tied To Lower Risk of Stroke

People who eat more fiber in their diet are less likely to have a stroke than those who eat less fiber according to a new report.

Long term studies were compiled which included 500,000 participants covering fiber intake for eight to nineteen years.



Researchers found the risk of suffering a first stroke fell by 7 % for every 7 gram increase in dietary fiber eaten each day. Therefore, those that ate the most fiber had the lowest chance of stroke.

The recommendation for daily fiber intake from the Institute of Medicine is 24 grams for women and 35 grams for men. Currently it is estimated that women eat only 13 grams and men 17 grams each day.

Americans suffer almost 800,000 strokes a year and lead to one out of every 18 deaths. Diet changes are relatively easy to help reduce the risk of stroke.

7 additional grams of fiber a day would be equal to two slices of whole wheat bread and a piece of fruit or just one granola bar. High fiber foods are generally low calorie and can help maintain a healthy weight which also helps reduce the risk.

Barry: Thank Kathy, some great news items as always.

Well it's time for our feature segment folks. When we were at CES earlier this year, one of the companies that really caught our attention was MobileHelp who really offers a lot in the area of fall detection for senior adults who are aging in place. We really like what they have and they have things that are a little bit different from some other companies. So we're glad when we got the opportunity to have a chat with Chris Otto, who is their Vice President of Product Development. It's especially great because Chris is acknowledged as one of the thought leaders in the field of technology for aging in place. It was a good opportunity to talk to him about something that's going on in the area, what really drove him to get into that business to begin with and specifically from their standpoint what MobileHelp has to offer.

Not only is Chris able to talk about what's happening now, but he has insight into what we can expect to see in the future. Or at least hope to see! And there's a lot going on. Without further ado, here's our conversation with Chris which we recorded a few days ago.

Begin Recording

We're pleased to have with us today, Chris Otto Vice President of Product Development for MobileHelp, as one of the thought leaders in aging in place technology; just the kind of person we love to feature here on Senior Care Corner.

Chris, welcome and we're glad to talk with you today.

Chris: Well thank you Barry. It's a pleasure to be here.

Barry: We like to start out with a little bit of a personal question when we talk to people, especially we see so many people involved in aging, you know issues dealing



with seniors who got into this at least in part because of something in their background and it looks like that played a role in your choice as well. Can you explain?

Chris: Yes, it definitely did play a role in my case. My case, I was able to witness my mother care for my aging grandmother and I got to witness some of the anxiety and stress that it caused my mother having to care of a parent full time. She lived independently but that independence was rapidly waning and my mother was still working full time and she would have to respond and react to any number of events. I'd see her leave work and try to drive across town, just if my grandmother didn't answer the phone or if she wasn't responding quickly enough. What struck me was that my mother was just in a constant state of anxiety, you know worrying about her aging mother and you know my background is technology. My inclination was to try to find a solution for this and I was really pretty dismayed to see that at the time the best solution on the market to help someone care for this was, this was like 2006 when you know, I was getting into the industry and really the best thing out there at the time was a traditional medical alarm where you know, someone had to activate the button.

So I was really motivated by that and trying to solve the issue of peace of mind and anxiety and trying to help the caregiver care for an aging parent.

Barry: You really followed through in a great way and there are a lot of people out there who can make use of what you've done with the problem that you've observed. So we appreciate that!

But can you, I guess, tell us a little bit now about MobileHelp.

Chris: Yes, MobileHelp is what; is the best in class, the first mobile medical alert system that's on the market today. And the basic problem that MobileHelp is solving is mobilizing that classic medical alert system. So for a senior who is very ambulatory and they're active and they don't want to be confined to their home and they want to stay active and healthy but still need the security and peace of mind of a medical alert system. MobileHelp offers a solution.

We have a mobile medical alarm that can go anywhere with that senior and give them the peace of mind that they need even if they are outside the home, so they can continue doing the things they enjoy every day.

Barry: There are few companies who say they're in the same space right now. But it looks like you are a little different. What does make you different from some of the others? And what does make you "best in class"?

Chris: Well so we've been doing this for a long time, there are definitely some challenges to what we're doing. Classical, a classical medical alarm is designed to operate inside the home. And if you stop and think about that just for a minute, you



know that means that ALL of the emergency response numbers that the equivalent of the 911 exchange is all statically assigned at installation time. It doesn't change.

But with a mobile alarm technology, that means that user can be anywhere. And we have to use GPS technology to locate that individual. And potentially anywhere on the map and locate not only where they are but where to dispatch emergency services.

We've been doing this for a long time. We have some intellectual property around how we've done that. And there are some other companies that are out there doing something similar but the liability is a big key. So when you are selecting a medical alert system for your loved one, it's really important that you understand, you know what the various solutions are out there and you want to work with one that you can trust and is very reliable.

Kathy: One of the features of this device is that, if I'm understanding it correctly, because of the GPS locator; YOU as a caregiver or a long distance family member can kind of keep an eye on them and track them, if needed, to see where your loved one is.

Chris: That's exactly right and a big, a big part of our expertise and our core business is. And what differentiates us is how we handle that in the back end. And this is a completely managed service so when there's an event, you know there's a human on the other line that is trained in how to handle these scenarios, how to handle this on a mobile environment and how to resolve that issue. And this is not just simply an alarm that's going to, you know, call 911. Or it's not simply going to send an alert if there hasn't been a person involved in it.

That's a really big part of it; there's an episode, and event and you need help you really want someone who knows what they're doing and is trained in how to handle those situations.

Kathy: So then if someone is wearing a device and they're out and about in the community and for whatever reason they're in difficulty; they just push on the device and it alerts someone? How does it exactly work?

Chris: That's exactly right. So, we have a couple new products that we're excited about. But the, I guess probably our flagship mobile product is; well there's actually two parts, one that you can wear in the home and you press the button on that device in the home and it will signal for help through a base station in your home but outside of the home we have a companion mobile device that you can carry with you. And that device also has a button on the face of the device that you can signal for help but that device is essentially a cell phone with a cell phone with GPS built into it so we can locate where you are and then signal for help through the cellular network.



Barry: That's very interesting. I guess, there, like you say there's a lot of people doing other things but that's very direct and I really do like the idea that there's somebody there and not just going to emergency services.

Chris: Well that's, you're absolutely right. I mean a 911 operator, a 911 exchange operator's trained to handle, you know, a variety of situations and different events but this is, well this is a very different type of event. And not always is the senior that's signaling for help even able to verbalize or explain what the situation is. They may be disoriented, they may be injured, they may be on the ground; so this, they may not even know where they are and so, you know, being able to represent technology. Remember that 911 exchange operator doesn't necessarily have the location of the information, so that really is a key part of the solution in what we do.

I also want to mention that while the current device does require that the user press the button to signal for help, we're very excited about our Every Fall detect pendant that we are about to release on next month and we're pretty excited about that as well. So that will automatically detect when a user falls and then act in exactly the same way the MobileHealth solution does today.

Barry: We'd heard you were coming out with new. That is very exciting. We were looking forward to that. I think that that is rather unique.

Kathy: So now with Every Fall it will signal an emergency response?

Chris: That's exactly right. So, we've been working on this technology for almost seven years now. It's very mature technology, we've perfected that and we are able to tell the difference between a fall and someone lying down on a bed or you know plopping into a Lazy-boy, you know or even walking down stairs; you know all these emotion patterns that, that a lot of fall detection solutions on the market are still operate and perform as well as they should. And so that's something that we are pretty excited about, it's very robust technology. We can tell a fall, we can signal for help when that senior needs it the most, even when they are unable to press a button and signal for help.

Kathy: So that new technology you described as being a motion sensor sort of device. Does that also, would that be able to tell a long distance caregiver that "yeah, mom did get up out of bed today"? Is it something that they could get that kind of information from?

Chris: Potentially yes. So the first release of the product will report falls but yes we are working on activity monitoring that will give you profiles of how much, how active an individual was during the day and give you the type of information you're talking about. That's exactly right. So that's on the horizon and a lot of exciting things that we're doing here at MobileHealth.

Barry: Now there is a flipside to activity monitoring and Kathy wasn't trying to bait you for me or anything but of course a number of seniors are leery of having their family members know where they are all the time. You know they like the idea of some emergency notification but don't want their son and daughter tracking them. Have you run into those concerns?

Chris: No, and we're certainly aware of these types of concerns. There was a great study that (unintelligible) The Center for Aging Service Technology which now (unintelligible) conducted a few years ago and they were testing you know, various seniors in different age groups and what their sensitivity was to different types of technology and monitoring technologies in the home.

And as you mentioned the highest apprehension was with video technology. So anything that was recording, you know videoing; you know recording images of somebody was definitely not welcome technology. Even passive infrared motion sensors, so if you're familiar with the type of sensors that are used in a home security system that can't really take images but can track motion in and out of rooms; that kind of technology there was definitely some hesitancy with those types of technologies. But not with normal technology, there's actually a greater likelihood of adoption and a lower aversion to those types of technologies. And I think it's very familiar and GPS, you know, becoming more common place and there's more of a comfort level with those types of technologies. So our, so what we've seen, and we've been shipping the GPS locator technologies for several years now. And I can tell you that there's definitely a high rate of adoption of that.

Kathy: That's good. That's good to know that we're trying to bridge that gap a little bit and give them their privacy but also be able to keep them safe. I have a question with regards to have, how the device operates in the home. Let's say you had a fall, and it alerts a center, and you get that call back from that person who is trained in handling the situation; is that something where the senior can actually have a conversation before the ambulance has to drive away and pull up? Because I'm thinking that would be a benefit because sometimes they don't need an ambulance. They just kind of want to know that you're safe.

Chris: Yes, well I'm sorry but you cut out just a little bit, but if you're in the home; if I don't completely answer your question please, please ask me again but if you're in the home when that operator is on the line, they are able to; because there's a person in the loop, they're able to confirm that this is a real emergency and if it requires escalation and dispatch emergency services. And not every emergency event or not every activation, the alarm requires a dispatch so there are a lot of different outcomes that can be handled without having to dispatch.



Kathy: Right, so some of the older versions of different devices, ambulances were coming out a lot. And not always necessarily, so that's a good point for your device.

Chris: And that's, I think that's something a lot of seniors are really cognizant about and you know have had neighbors watching them. It's definitely something that you don't want an ambulance in your driveway unnecessarily. That's, you know, just an uncomfortable situation.

Barry: Well we'd like to know where we send people who'd like to learn more and looking there; I'm not sure how the domain name MobileHelpNow.com was arrived at, but I think it says a lot there. We talked to a lot of people who tell us what's coming, you know what technology they have on the way in the future, well, you're here NOW.

Chris: Well that's exactly right. That's exactly the website www.MobileHelpNow, that's where you can go to learn more about the solution.

And I did just want to mention, Barry real quick that we also have a cellular base station that we're about to release as well. And so many seniors are now opting for voice over IP lines in the home, or you know as many of do now, just only have cell phones. And so a traditional medical alert system that requires a phone line in the home will not work in that type of environment. So we had a cellular base station and it really makes sense, it's kind of a natural because of all of our alarms are already on cellular technology. But this is a base station that you can use in the home, even if you just wanted a classic medical alert. You didn't need the mobility, you didn't need the fall detection, you can use that cellular base station in the home and we're getting a great response to that as well.

Kathy: I find it very interesting that we really need to get the word out to younger seniors because we don't want to wait until it's so late down in the process of their aging and their functional status and abilities to get this kind of device in their home. The earlier they can get it and the more they can get the benefit and use it to PREVENT some terrible occurrence from happening. It's something that we need to do.

Chris: Well, Kathy, you're absolutely right. I saw a study not too long ago and it really made an impression on me. The average senior that needs a hearing assisted device, a hearing aid, that they wait seven years from when they need it to when they actually adopt the technology. I'm not aware of a study that it's in the exact field of what we do, but I imagine that that paradigm really holds true here as well.

We've seen a lot of people delay. And we've talked to caregivers that are trying to get this for an elderly parent and then all too many times there is a tragic story where they wait too long and then something happens. And I think that there's an aversion to this technology because you know, it seems like it has such a stigma of aging associated with it. But it's really the opposite, and what we're doing at MobileHelp is really exciting,



we're really empowering seniors to be active, stay healthy, you know continue doing things you want to do and that's what we're all about.

Kathy: That's great and I'm right there with you because I see everyday people who don't get these kind of devices until after they've had the fall and the hip fracture and then they want to get the device when they go back home. Which if they had it before, it might have been preventative.

Chris: Absolutely! Absolutely! Falling in the hall, falling to fall and a hospitalization and the quality of life is always impacted for the long term. So if you can have something that can get you help quickly in the event of an emergency, the outcomes are always better. Not everybody realizes that if you spend even a few hours on the floor in your home or waiting for help, that that can mean the difference a short visit to the ER and a, you know, one to two week hospitalization or worse. And so getting help quickly is very important and that's what we want to do; we want to try to help so that you can maintain and live your life exactly on your terms.

Barry: Well and with more seniors and soon to be seniors wanting to live in their homes longer or being forced to because of economic reasons, this is just the kind of thing to help them do that with giving both them and their families peace of mind.

Chris: Absolutely! It's really very affordable. You know the base system starts at less than \$35 a month so it's extremely affordable.

Barry: And while we always say "well you can't put a price tag on health, safety or your peace of mind your family", having a low price tag really does help make it happen.

Chris: Could not agree more.

Barry: We really appreciate you spending time with us today Chris. We're going to go ahead and put your web address and your toll free number in our show notes today, where everybody sees it. You know it's great to hear what you've got going on new and really I think we've learned something here and we know other people will as well.

Kathy: We're looking forward to your new products.

Chris: Well thank you so much. I've enjoyed being on the show. I really appreciate it.

Barry: Thank you for stopping by Senior Care Corner.

End Recording

We do appreciate Chris taking time out of his busy schedule to talk with us and we encourage you to look up MobileHelpNow.com online to get some more information, you can go to the site there or in our show notes you'll see the web address and their toll

free number if you want some more information. There's some really good stuff on the website we think you'll like it. And again we appreciate Chris taking time out of his busy day to chat with us.

Kathy, you want to wrap us up for today with a quick tip?

Kathy: I will indeed. As we stay on the topic of stroke, here's a quick tip:

Let's Add Fiber to Prevent Stroke

Seniors need to include fiber in their diet not only to maintain bowel health but also as we just learned to help reduce the occurrence of strokes. About 20-30 grams per day is recommended which requires planning.

Here are some ideas for high-fiber meals and snacks:

1. Choose a high-fiber breakfast cereal — 5 or more grams of fiber a serving. Or add a few tablespoons of unprocessed wheat bran to your favorite cereal.
2. Switch to whole grains. Look for breads that list whole wheat or whole-wheat flour as the first ingredient on the label and have at least 2 grams of dietary fiber per serving slice. Experiment with brown rice, wild rice, barley, and whole-wheat pasta. Don't forget whole grain dinner rolls or pita for sandwiches.
3. Mix veggies into the meal. Add pre-cut fresh or frozen vegetables to soups and sauces. For example, mix chopped frozen broccoli into prepared spaghetti sauce or toss fresh baby carrots into stews.
4. Eat more beans, peas and lentils. Add kidney beans to canned soup or toss on a green salad.
5. Eat fruit at every meal. Apples, bananas, oranges, pears and berries are good sources of fiber.
6. Make snacks count. Fresh and dried fruit, raw vegetables, nuts and low-fat popcorn are all good choices.

Try to include some of these items in your senior's diet every day.

Barry: That's a great tip there Kathy. Thank you very much. Good way to wrap up this episode of the show.

And that does wrap up The Senior Care Corner Show for this episode folks. Thank you for joining us. We really appreciate you stopping by Senior Care Corner. Look forward to seeing you at SeniorCareCorner.com or at Senior Care Corner on Facebook. And while you're out there, don't forget to stop by the Senior Care Corner Bookstore, the link's on



our homepage. You'll see a lot of resources there for families of seniors both for caregivers and for the seniors themselves to help make life better. And until we see you again, we hope you have a great day!