

# THE SAVVY SENIOR

## Family Health History

Dear Savvy Senior,  
Can a heart attack actually be inherited? I just turned 55 and am trying to make some healthy changes, and would like to know if tracing my family's health history is worth the effort.

Health Conscious Helen

Dear Helen:

Just as you can inherit your father's height or your mother's hair color, you can also inherit their genetic risk for diseases such as heart disease, stroke, diabetes, cancer and more. Here's what you should know.

### Health History

Even with all the high-tech tests, medicines and procedures that are available today, an accurate family health history remains one of the most important tools in

keeping yourself healthy. Since most diseases have both environmental and genetic components, your family's health history can provide you and your doctor a genetic road map to your strengths and weaknesses which can help you recognize, and even fend off, inheritable illnesses in their early stages.

### Tracking your History

To collect your family's medical history, you'll need some basic medical facts about your parents, siblings, grandparents, aunts, uncles and even first cousins. Talk with them and get the specific ages when family members developed health problems like heart disease, stroke, cancer, diabetes, Alzheimer's disease, osteoporosis, asthma, blindness, deafness, depression, alcoholism and more. Also, if family members are

deceased, find out when and how they died. Some relatives may not want to share their medical histories or they may not know their family history, but whatever information you discover will be helpful. A good resource to help you find your ancestor's unknown medical history is their death certificate, which you can acquire from your state health department (see [www.cdc.gov/nchs/howto/w2w/w2welcom.htm](http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm)). Death certificates list the cause of death and your relative's age at death.

### Collecting Information

The upcoming holidays, when many families come together, are a perfect time to collect your family's health history. A great resource to help you get started is the free Web-based tool called "My Family Health Portrait." At [www.familyhistory.hhs.gov](http://www.familyhistory.hhs.gov) you can organize your family tree, identify genetic risks and even share the information with your family members and doctors. If you don't like the online version, software is available that you can download to your computer or you can print out a hard copy version to fill out by hand. Another good resource is the Genetic Alliance at [www.geneticalliance.org](http://www.geneticalliance.org)—click on "Family Health History."

Tip: If you're adopted, the National Foster Care & Adoption Directory ([www.childwelfare.gov/nfcad](http://www.childwelfare.gov/nfcad) or 800-394-

3366) can help you locate your birth parents to get their medical history.

### Increased Risks

Having a parent or sibling with a particular disease doesn't mean you'll get it too, but statistically your odds of developing it can about double. And, if two or more cases occur in the same immediate family, the odds can increase fourfold or more. Some additional factors that can increase your risks are:

- A family member who gets a disease 10 to 20 years before most people (for example, getting heart disease at age 35).
- A disease that does not usually affect a certain gender (for example, breast cancer in a man).
- A family member who gets certain combinations of diseases (for example, breast and ovarian cancer, or heart disease and diabetes).

### Handling Your History

If you discover that a serious health problem runs in your family, don't despair. While you can't change your genes, you can change your habits to increase your chances of a healthy future. By eating a healthy diet, exercising and not smoking, you can offset and sometimes even neutralize your genetic vulnerabilities. This is especially true for heart disease, stroke, type 2 diabetes and osteoporosis. A family medical history can also alert you to get early and frequent screening tests, which can help detect other problems (high blood pressure, high cholesterol, and cancers like breast, ovarian, prostate and colon cancer) in their early stages when they're most treatable.

Send your senior questions to: Savvy Senior, P.O. Box 5443, Norman, OK 73070, or visit [www.savvysenior.org](http://www.savvysenior.org). Jim Miller is a contributor to "The NBC Today Show" and author of *The Savvy Senior* books.

*The Gazette does not endorse the contents of The Savvy Senior. Check with professionals about the contents of this column.*

## West Nile Virus Activity Detected In Queens

From September 24 to October 11 West Nile Virus activity was found in ZIP codes 11356—College Point; 11367—Flushing; and 11426—Bellerose. Detection of West Nile Virus can include positive tests in mosquitoes, dead birds, horses, other mammals and/or humans.

New Yorkers, especially people over 50, should take personal precautions to prevent mosquito bites.

- Use repellents that contain DEET, Oil of Lemon, Eucalyptus or Picaridin and always follow label instructions.
- From dusk to dawn wear protective clothing.

• Make sure doors and windows have tight-fitting screens and fix or replace screens that have tears or holes.

Reduce mosquito exposure around your home by eliminating any standing water that may collect, help neighbors to eliminate standing water on their properties, and call 311 to report dead birds and standing water.

## Marshall Urges Hot, Not Frozen, Meals For Seniors; Vallone, Comrie Honored

Senior Spotlight  
By John Toscano

Testifying at a city Department for the Aging (DFTA) hearing on its 2008 plan to provide services to seniors throughout New York City, Queens Borough President Helen Marshall stated that replacing the delivery of a hot meal to seniors with a frozen one is unacceptable and would add to the poor nutrition status of many frail seniors.

Commenting on the plan to expand a frozen once-a-week delivery of food, Marshall stated, "The delivery of a hot, nutritious meal once a day to a homebound elderly person represents more than just serving food. Oftentimes, the food deliverer is the only human lifeline that the senior has on a daily basis, and we have many instances wherein a client's life was saved because the Meals-On-Wheels driver was either concerned about the senior's appearance or did not get a response from inside the home."

Marshall pointed out that in 2005, 35 percent of individuals aged 65 and over were living alone in New York City. She also noted that adult daycare programs are a sound investment of scarce public resources.

"I supported many of these programs

as a city councilmember, and I am proud to continue to support these programs as a borough president in a county with more than 374,500 individuals over the age of 60," Marshall added.

The long-time public official pointed out that Queens accounts for approximately 30 percent of the entire elderly population of New York City.

Addressing the issue of transportation, which she described as "another crucial issue which impacts a person's ability to live independently," she stated: "For most frail and disabled elderly, public transportation is never a viable option and the Access-A-Ride program does not adequately serve our residents.

"Therefore, para-transit becomes the most valuable lifeline for our seniors."

Marshall, citing the combined and successful efforts of her office, the City Council and DFTA to develop a para-transit system in Queens, then encouraged DFTA to build on the Queens model and provide private, permanent operating funds to support the maintenance and operation of vehicles.

On another issue, Marshall criticized a proposed DFTA plan to restructure case management services. She stated, "Your restructuring plan has created districts that have major highways separating one catchment area from another. This is the result of making decisions without consulting those who are most familiar with the topography of the borough."

The DFTA hearings are held annually

in each borough to obtain recommendations on the agency's proposed annual Area Plan for the federal Older Americans Act, the New York State Community Services for the Elderly Program and the Expanded In-Home Services for the Elderly Program.

**VALLONE, COMRIE GET AWARDS:** The Community Advocacy Center, an organization which provides free legal services for elderly people who have legal problems, presented awards recently to Councilmembers Peter Vallone Jr. and Leroy Comrie for their efforts and assistance to the Advocacy Center.

The organization's Annual Award went to Vallone (D—Astoria) for his efforts on behalf of the elderly and his ongoing commitment to the community.

Comrie (D—Jamaica) was the recipient of the organization's Advocacy Award.

In accepting his award, Vallone stated: "Seniors need to prepare now to avoid unnecessary expenses such as a guardianship proceeding or a complicated distribution of assets after death. This can be avoided by going to a lawyer you trust and preparing a healthcare proxy and a will."

Vallone, who performed pro bono work for the Community Advocacy Center before becoming a councilmember, added that the center provides a vital service by "teaching preventive law to make sure that our senior citizens don't waste their hard-earned assets in a courtroom".