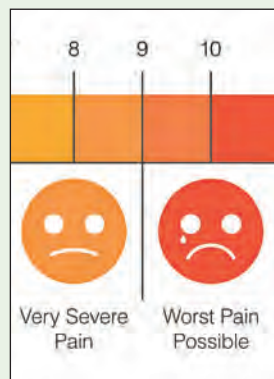


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**Brain Health &
Mental Health**

[Domestic Violence Awareness Month]

Law center program offers help for older victims of domestic violence

By Marcia Z. Siegal

Domestic Violence Awareness Month, observed in October, shines a light on domestic violence, including abuse between spouses and other intimate partners. SeniorLaw Center (SLC), a nonprofit that aims to improve the lives and protect the rights of older Pennsylvanians, is also shining a light on a particular aspect of this abuse: its older victims. "Older adults are a hidden population within the domestic violence community, and they can face some unique barriers," said Dana Goldberg, SLC's director of victim services.

Through a grant from the U.S. Department of Justice, Office of Violence against Women, SLC expanded its services for Philadelphia's domestic violence victims age 60-plus and education of seniors and senior-serving professionals on the issue, as well as resources available to help. The agency works with the city's police department, family court, domestic violence prevention and advocacy organizations, and health and social service professionals to identify senior domestic violence victims. Through the expanded program, entitled "Strengthening the Economic Security of Older Victims of Domestic Violence," SLC helps victims to create safety and economic security plans in addition to providing legal assistance. The agency's pro-



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gram serves both men and women who are victims of physical, emotional and sexual intimate partner abuse, Goldberg said.

The National Center on Elder Abuse (NCEA) defines domestic violence as "an escalating pattern of violence or intimidation by an intimate partner, which is used to gain power and control." "Domestic violence grown old" is when domestic violence started

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Health Care**Physicians integrate spirituality into care**

By Barbara Sherf

When I visited a new doctor recently, he took the initiative to ask me about my religious beliefs. I was at first shocked but then comforted by the fact that he looked at the whole of me.

According to a poll from Pew Research Center, 65 percent of Americans identify themselves as religious and another 18 percent describe themselves as spiritual. According to the National Cancer Institute (NCI), many patients rely on spiritual or religious beliefs and practices to help them cope with their disease. This is called "spiritual coping." Many caregivers also rely on spiritual coping. Different people have different spiritual needs, depending on their cultural and religious traditions.

For some seriously ill patients, spiritual well-being may affect how much anxiety they feel about death, notes the NCI. For others, it may affect what they decide about end-of-life treatments. Some patients and their family caregivers may want doctors to talk about spiritual concerns but feel unsure about how to bring up the subject. That was not the case for East Norriton resident Sharon Shecter Cohen, who at 70 has had her share

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Health Brief

Promoting good circulation

By Constance Garcia-Barrio

If your shoes fit beautifully in the morning but pinch by the evening, it may signal a health problem. "Swollen feet, legs and ankles may mean an issue with circulation," said Eric Choi, M.D., chief of vascular and endovascular surgery at Temple University Hospital. "A sock line, or indentation where the top of your sock stops, may likewise point to difficulties with circulation." Circulation – the movement of blood through the body – is vital: It distributes oxygen and nutrients to the body's cells and removes waste such as carbon dioxide.

Sometimes, people with circulation issues feel heaviness in their legs without any swelling, noted Rashad Choudry, M.D., chief of vascular surgery in the Einstein Healthcare Network. "Numbness, tingling, or pain in the legs when walking are also signs of problems with circulation," Choudry said.

Advanced age puts people at greater risk for difficulties with circulation, Choi noted, but you can take steps to help remedy mild circulation-related swelling. "Wear compression hose or put pillows under your feet at night to elevate them and encourage the blood flow," he said. "Some people put blocks under the foot of the bed for that reason."

Movement is important, Choi said. "Above all, start walking," he advised. "Walking is essential to good circulation and good health. Flexing your feet while you're working at a desk or watching TV also promotes better circulation. On the same principle, get up to walk and stretch if you're on a long plane ride,

and take rest stops to exercise during long drives."

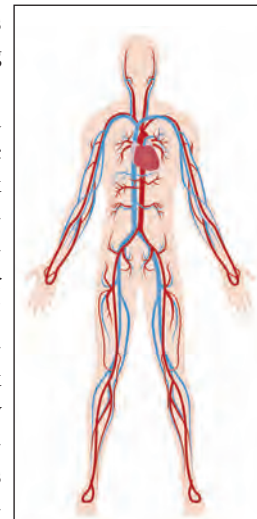
Choudry has a message for those who smoke: "Quit smoking to improve your circulation and your health in general," he said. "Some patients tell me that they smoke only one or two cigarettes a day, but it's still risky behavior. One cigarette

can escalate to five or six when you're under stress. Smoking is an addiction, and life challenges can trigger more use of tobacco."

Certain underlying health conditions make it advisable to keep an especially close eye on your circulation, doctors say. If you have diabetes, high blood pressure, high cholesterol or kidney disease, your circulation bears watching to avoid complications.

Some symptoms warrant consulting your doctor immediately. If you have sudden or continual swelling in your legs or swelling or pain in your legs even when resting, see your physician, experts advise. A sore or wound that doesn't heal also requires medical evaluation.

Constance Garcia-Barrio is a freelance writer and author of a novel based on African-American history in Philadelphia.



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Health Care

Apprise: Help with health insurance

By Marcia Z. Siegal



Whether you are new to Medicare or are already enrolled and pondering changes to one or more of your plans, the decisions you make are critical to your health and finances. The good news is, you don't have to navigate Medicare's complexities alone. Trained Apprise counselors can provide you with free personalized counseling to help you make informed choices.

A federal program administered in Philadelphia by Philadelphia Corporation for Aging (PCA), the Apprise health insurance counseling program is available to Pennsylvanians 65 and older, as well as adults under 65 who are eligible for Medicare due to disability. Professional and volunteer counselors can answer your questions and provide you with objective, easy-to-understand information about Medicare eligibility and enrollment and counsel you on Medicare Advantage, Medicare Supplement (Medigap) and drug prescription plans. They can also screen

you for eligibility for financial assistance programs that can help you pay for Medicare premiums, deductibles, co-pays and prescription drugs. In addition, counselors are available to assist caregivers, professionals and others with questions.

"We work individually and confidentially with you to determine your individual health care needs and preferences, compare health insurance options, and obtain Medicare and supplemental coverage that fits your lifestyle and budget," said Joanne Burke, manager for the Apprise program at Einstein Medical Center Philadelphia in the city's Olney section.

"There is no selling. Counselors do not make endorsements," said Christine McBennett, who manages the Apprise program at the Mayor's Commission on Aging in Center City. "We assist you in finding the best option."

Initial enrollment

Those seeking counseling through Apprise can expect individualized advice. "Many



Paola Nogueras

Joanne Burke (left), manager for the Apprise program at Einstein Medical Center Philadelphia, counsels Eliamma George, newly qualified for Medicare, about her Medicare options.

people come to us when they are planning to retire or before their initial enrollment to get help understanding the basics of Medicare and the implications of the choices available," McBennett said. "Each person's situation is unique, and even if the question is common, the answer is specific to that person's situation."

While Apprise counselors provide information about Medicare, McBennett noted, they do not enroll people in the program; enrollment is done by Social Security.

Even for those who have already selected their Medicare coverage, an Apprise consultation can provide reassurance. "Many people feel better when they know they have done their due diligence and have not missed anything that could save them money or limit their access to health care," McBennett said.

Open enrollment

The October 15 through December 7 annual Medicare open enrollment period is prime time to visit your local Apprise office. Both Medicare prescription drug plans and Medicare Advantage plans (Medicare plans offered by private insurance companies) change from year to year, and it's always wise to ensure that your current plan is the best one for the year ahead, McBennett said. She advises coming to your Apprise appointment prepared: "Try to bring your Medicare card, a list of your prescription drugs, the names and addresses of any doctors you want to continue to see, and a list of questions you have."

Help year-round

While the Medicare open enrollment period is their busiest time, Apprise staff and volunteers provide services year-round. In addition to counseling new and prospective Medicare enrollees, they also screen people for Medicaid, the federal/state health insur-

ance program for low-income and disabled individuals; the Low Income Subsidy (LIS, also known as Extra Help) program, which provides assistance with prescription costs; and the Medicare Savings Program, which can help with out-of-pocket costs for Medicare Part B. Part B covers medically necessary services like doctors' visits and hospital out-

"We work individually and confidentially with you to determine your individual health care needs and preferences."

patient services. (For more on Medicare, see article on page 9.) Applications to enroll in Medicaid through the Pennsylvania Department of Human Services (DHS) and in Extra Help and the Medicare Savings Program, both through Social Security, can be filed with those agencies at any time.

Apprise counselors also can help screen you for financial assistance programs such as the Pharmaceutical Assistance Contract for the Elderly (PACE and PACENET) programs for Pennsylvania seniors whose income does not meet Extra Help guidelines, as well as the federal Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps).

In addition, Apprise counselors can help you to understand the potential benefits of long-term care insurance and discuss policy options with you. And if you disagree with a coverage or payment decision made by Medicare, Apprise can help you understand the Medicare appeal process.

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Health Care

Walking tall: Lessons from a walker

By Sally Friedman

It began with a twinge. One of those annoying lower-back events that reminds us that backs seem to have minds of their own.

The twinge graduated from an ache to a major pain.

Of course, all of this was happening during one of the busiest times in our family life.

I'll cut to the chase: The villain involved a disc in my elderly back, and the orthopedist, a good and gentle man, didn't mince words.

This was not going to be a quick fix.

Of course, the advice came pouring in. My adult children had their stash of recommendations. Some of their instructions collided: heat – no, cold; move around a lot – no, don't strain that back.

My beleaguered husband was suddenly pressed into service in unfamiliar realms, and while I adore the man, nursing duties will never be a perfect fit. Nor will laundry.

On a return visit to the doctor, there was talk of treatment down the road, when the demons in my back settled down enough to allow for it.

"And I think you'll need a walker," the doctor said as he watched me struggle to navigate.

A walker? For me? Just two weeks before, I had been at the gym, proudly working out.

Walkers were for old people. No matter what the calendar said (OK, so I'm 78), I wasn't one.

The disconnect between my body and my sense of myself was tough enough.

But now there was the issue of image.

What came back to me in full velocity was the stark memory of a parallel situation with my mother at about the same stage of her life.

She, too, had encountered a bump in the road – or more precisely, in her lower back. The medical advice she got was to wait it out – and yes, to use a walker.

"I will not do it!" Mom, always a beauty and definitely vain, talked about how that walker would catapult her into old age. I used every weapon I could to persuade her, including images of her sidelined from a serious fall. I was ruthless. And she finally gave in.

"Now I'm really old," she said at first. Then she said it less, and ultimately, she would not take a step without what became her beloved walker.

And now it was my turn.

The walker itself initially assumed a place in our front hallway. I tried to stare it down, figuring I wouldn't even bother getting acquainted with it. But my generally patient husband, after a kind of cooling-off period, grew insistent. I was going to use that walker.

From the first moment I began letting that simple device ease my pain, I had a new love. The walker became my bestie. I loved it. And I began to search frantically for it if it somehow ended up out of my sight.

The first time I went out in public with my bestie was indeed a reckoning.

Neighbors seemed to leap out from everywhere to offer advice that I frankly didn't want about their back injury experiences.

In the supermarket parking lot, however, I got a different kind of attention. People who would have been perfectly happy to mow me down a week before in their rush to get into the store before me stood back and offered to help me with doors and other obstacles.

I was amazed. When I appeared to be searching the aisles for something, there were offers of help.

One lesson of walker orientation: Some people seemed to assume that given my need for a walker, I was generally incompetent, including mentally. It was at once insulting and a bit amusing.

As those first few days went by, I found myself standing tall – or as tall as my mighty 5-foot-2-inch stature would allow.

The walker's support made me feel not just safe but somehow grateful. I was reminded that seeking support is not embarrassing. It's wise.

The walker and I had a fling that I suppose was brief by some standards. After about two weeks, we parted. Whatever had needed to heal was healing, my balance was fine and there was even talk about a return to the gym.

So what had I learned?

To park my vanity. To be grateful for the people who were kind and generous during my trial and to forgive those who weren't.

And to give eternal thanks for a healing back.

Sally Friedman is a freelance writer and essayist. She can be reached at pinegander@aol.com.



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Health Care

Managing medications effectively

By Sally Friedman

It's a common experience: You're sitting in the doctor's office, just a bit nervous, trying to absorb everything that's being said. But it feels like the information is coming too fast, and you're aware that other patients are waiting to be seen.

The doctor rattles off some medications he or she wants you to take and hands over a pile of prescriptions. Never mind the doc's handwriting; the medication names seem like unpronounceable tongue-twisters.

If you're nodding in recognition, you're definitely not alone. Seniors, in particular, often find themselves having such experiences.

The overwhelming nature of today's health care and pharmaceutical worlds are often not just confounding; they also can be dangerous. According to national estimates, more than 25,000 people die each year from a failure to take medications properly.

In the face of today's many choices of pre-

scription and over-the-counter medicines, sometimes carelessly dispensed and used, knowing how to manage medications may save your life.

The right to question

Sharon Congleton knows all about seniors and medications. A veteran registered nurse (RN), Congleton is also the health promotion nurse supervisor for Philadelphia Corporation for Aging (PCA). She has devoted herself to educating the seniors who attend her seminars, and the first important lesson she shares with them is the patient's right to ask questions.

"Many seniors bring a certain level of awe to a doctor's visit," she said. "They don't want to seem disrespectful; they worry about taking up too much time in a busy doctor's office, and sometimes, they leave without getting information that can be vital to their treatment."

The spirited nurse begins her popular seminars by telling attendees, "You have every



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Asking any questions one has about a medication is part of effective medication management.

right to ask questions of your physician ... It's your responsibility to do that."

Participants in Congleton's workshops learn that as they age, their bodies change and may react differently to medications. Medicines may have different effects on the liver and kidneys, for example. "But in the average office visit, time is limited, often to only 10 or 15 minutes," Congleton said. "So I counsel patients to recognize that and come armed with reports, questions and the ability to ask them in an orderly way." She also urges seniors to bring a trusted friend or family member to medical visits if they feel uneasy about questioning – and understanding – medical and drug information.

Congleton promotes the idea of knowledge as power. "We all need to be responsible for our own health," she said, "and that includes some basic things."

She recommends:

- Write down your questions, symptoms and medical updates.
- Investigate the medications you are taking, or have been prescribed, by questioning their purpose, side effects and potential interactions with your other medicines.
- Don't stop a medication without consulting your physician.

A pharmacist's role

Allan Katz has devoted much of his life to various areas of pharmacy, from being a pharmacist for Rite Aid Corp. to helping to train

pharmacy students to educating seniors as a consultant for PCA. He takes enormous pride in being an important link in the medical care chain and is passionate about the pharmacist's obligations and responsibilities.

One of his areas of interest is helping seniors navigate the sometimes murky waters of medication management. "I know there's a lot of confusion out there, and I'm concerned that as people are living longer, that confusion grows," he said.

"Doctors are human – they can and do make mistakes," said Katz, who believes it's the pharmacist's job to step in and stop any mistake before it can harm a patient. Another important role, he says, is establishing a caring relationship with clients. "It's ideal when a pharmacist knows a patient's medical history," he said, "especially as he or she grows older and health care becomes more complicated."

Pharmacists are constantly on the alert for drug interactions, which can lead to serious complications. And with more and more over-the-counter products available, Katz noted, it's important to remember that even non-prescription treatments like eye drops and skin creams can have an effect on older consumers, who may not remember to include these items in their medical profiles. Seniors should inform their health care providers about all over-the-counter products they use.

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Health Care

The challenge of dealing with pain

By Frank Burd

"On a scale of 1 to 10, how would you rate the pain?" How many times have you heard a doctor or physical therapist ask you that question? And how do you answer? "Well, if I don't move, it's a 3. If I stand up, it's a 5. If I walk, it's a 7, and if I stand on my head..." You get my point.

My son and daughter-in-law actually got into an argument as to whose pain was worse – her mother's when she passed out as she was dying of cancer or his father's (mine) after the back operation when the painkillers didn't work.

"Does it hurt when I press here?" they asked. "Don't press there," I screamed.

"Just take it one day at a time," they offered solicitously. Duh!

Pain. How do we deal with it? And how can we explain it? We try to hide it so folks think we're okay. Then we can't handle it and it bursts out.

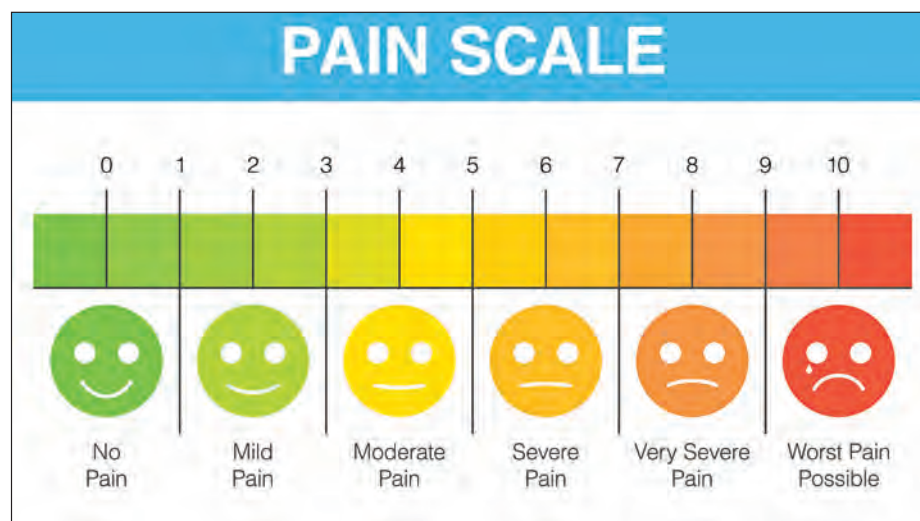
When I was 13, I broke my leg. It hurt a

lot. I ended up in a cast and missed school for months, but I healed and went back to the sports I loved, running track throughout high school. I don't even remember what I took for the pain then or later when I pulled my hamstring. All I remember taking in those days was aspirin.

My friend Harriet is in pain. She stumbled over a speed bump while walking to her car in a parking lot. A speed bump! She banged her elbow and hit her head.

Sam fell down his basement steps. Madeline is limping from her hip replacement surgery. I suffered nerve pain when two large fragments popped out from between the discs in my back and were pressing on the nerves. We all have struggled with how to stop the pain.

When was the last time you went to a drug store? Maybe I should ask, "When was the last time you went to a CVS, Rite Aid or Walgreens?" There aren't too many small, independent drug stores around these days. Anyway, you go into one of these chains and go



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to the aisle for pain relief. And you are bombarded with bottles of pills. Where to begin?

There are pills for the morning, evening and nighttime. There are pills for pain in the head, stomach and joints. There are pills you take every four hours, six hours, eight hours and twelve hours. Do you take one, two, three or more? The instructions say one amount, but friends and even doctors say you need a higher dose. The pills have instructions, but they are written so small, you strain to read them before you pull out your

magnifying glass.

You have to figure out which ones you can and can't take based on what conditions you have. And all you are thinking is, Which will stop the pain? Or at least numb it somewhat?

When my doctor prescribes something for pain, I want to know the side effects. One medicine I took for acid reflux, I learned later, will make my breasts grow. I don't want meds to make me tired, nauseated or fat. I don't want them to create problems in my liver, my heart

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Health Care

A Medicare overview: 10 key questions answered

Medicare is the country's health insurance program for those 65-plus and for people younger than 65 who have certain disabilities and health conditions. The program helps with the costs of health care but does not cover all medical expenses or the cost of most long-term care. You have choices about your Medicare coverage and, each year, you have the opportunity to change your Medicare health plans and prescription coverage during the open enrollment period, which is October 15 through December 7.

Here are answers to 10 key questions about the A, B, Cs and Ds of Medicare.

1. How do I become eligible for Medicare?

You are eligible for Medicare when you turn 65. To qualify, you have to be an American citizen or a legal permanent resident of at least five continuous years. There are no income requirements.

If you are younger than 65, you may qualify for Medicare if you are receiving Social

Security Disability Insurance (SSDI). In most cases, you will qualify for Medicare based on a disability if you have been receiving SSDI checks for more than 24 months. If you receive SSDI because you have amyotrophic lateral sclerosis (ALS, also known as Lou Gehrig's disease), Medicare automatically begins the first month that your disability benefits start. You may also qualify for early Medicare benefits if you have been diagnosed with end-stage renal disease; when Medicare benefits would begin would depend on the circumstances.

2. How do I enroll in Medicare?

If you are already receiving Social Security retirement benefits, you are automatically enrolled in Medicare. If you are not receiving those benefits, you can enroll in Medicare during the initial enrollment period, which begins three months before you turn 65 and ends three months after the month in which you turn 65.

You can apply online by going to the Social Security Administration website at ssa.gov/medicare, contact your local Social Security office for an appointment, or call Social Security at 800-772-1213. (TTY users, call 800-325-0778.)

3. What are the different "parts" of Medicare?

Medicare Part A (hospital insurance) covers most hospital, skilled nursing facility, home health and hospice care deemed to be medically necessary. It is free if you have worked and paid Social Security taxes for at least 10 years; you will pay a monthly premium if you have worked and paid taxes for less time.

Medicare Part B (medical insurance) covers most medically necessary doctors' services, preventive care, durable medical equipment, hospital outpatient services, laboratory tests, X-rays, mental health care, and some home health and ambulance services. You pay a monthly premium for this coverage. The premium varies depending on your income and when you enroll in Part B. Parts A and B are known as Original Medicare.

Medicare Part C (Medicare Advantage plans) is not a separate benefit. Part C is the part of Medicare policy that allows private health insurance companies to provide

Medicare benefits. Medicare Advantage plans include health maintenance organizations, preferred provider organizations, private fee-for-service plans, special needs plans and Medicare savings account plans.

Medicare Advantage plans must offer at least the same benefits as Original Medicare (those provided under parts A and B) but can do so with different rules, costs and coverage restrictions. You may also get prescription drug coverage as part of your Medicare Advantage benefits package.

When you enroll in a Medicare Advantage plan, you continue to pay premiums for your Part B benefits directly to Medicare. In addition to the Part B premium, Medicare Advantage plans often charge a monthly premium for coverage.

Medicare Part D provides optional outpatient prescription drug coverage. These plans are offered by insurance companies and other private companies approved by Medicare. They are never provided directly by the government. You must have both Part A and Part

B to join a Part D plan. Part D may charge a premium penalty if you don't sign up during your initial enrollment period and want it later. If you want Part D, you must choose Part D coverage that is compatible with your Medicare health benefits.

4. Do I need to renew my Medicare coverage?

You do not need to sign up for Medicare each year. However, each year, you have the opportunity to review your coverage and change plans during the open enrollment period.

5. How can the Medicare open enrollment period benefit me?

Medicare health and prescription plans can change each year with regard to cost, coverage, providers and pharmacies in the network, and other factors. The open enrollment period is when everyone with Medicare coverage can change

• continued on page 13

HELP WITH MEDICARE

- Apprise offers free personalized health insurance counseling. Contact the Apprise office that serves your ZIP code to make an appointment. (For more information on Apprise, see story on page 4.)

- Medicare.gov offers information about Original Medicare (Parts A and B), Medicare Part D, Medicare Advantage plans (Part C), and Medicare Supplement Insurance (Medigap), as well as online tools to sign up or change plans, costs and coverage information, and plan comparison tools. Information is also available by calling 800-MEDICARE (633-4227).

- The Social Security Administration provides information about applying for Medicare, the Extra Help program for help with Medicare prescription drug plan costs, and rules for Medicare beneficiaries with higher incomes. Information is also available by calling 1-800-772-1213 or at SSA.gov.

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October 2017

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
<div>1</div> <div>2017 Rock And Roll Hall Of Fame Inductees YES in Concert. Featuring Jon Anderson, Trevor Rabin & Rick Wakeman. 7:30 p.m. Kimmel Center, Verizon Hall. 215-893-1999. \$</div>	<div>2</div> <div>Compassionate Care Hospice Presentation. 1 p.m. Kingsessing Library. 215-685-2690. Military History Book Club & Discussion Group. Commemorates 50th anniversary of the Vietnam War. War & peacetime veterans invited. 4-5:30 p.m. Center City Vet Center. 215-627-0238.</div>	<div>3</div> <div>Posture Exercises for Balance. 1 p.m. Center on the Hill. 215-247-4654. Silver Dollar Workshop Series Begins. Money management & financial wellness information. Topic: Goals, Assets & Earnings. 10-noon. Center in the Park. 215-848-7722. (Weekly until Oct. 24.)</div>	<div>4</div> <div>Rubber Stamping Club & Card Making Class. 2:30-4:30 p.m. Center in the Park. 215-848-7722. \$ Sleep & Sleep Problems in Older Adults. How sleep changes with age. 10:30 a.m. Center on the Hill. 215-247-4654.</div>	<div>5</div> <div>Basic Tips & Tricks for Your iPhone or iPad. Bring your Apple device. 2:30 p.m. Center on the Hill. 215-247-4654. (Continues Oct. 12) \$ Dream Circle. Learn about & interpret dreams. 1-3 p.m. Center on the Hill. 215-247-4654. Stroke Education Class. 2-3:30 p.m. Mercy Phila. Hospital. 215-748-9592.</div>	<div>6</div> <div>Healthy You Health Fair. Screening, education & access to resources for underserved or uninsured. 3-7 p.m. Haddington-Shepard Recreation Center. 215-685-1992.</div>	<div>7</div> <div>Seafood Feast. Proceeds benefit the center. 1-4 p.m. North Broad Street Senior Center. RSVP: 215-978-1300.</div>	
<div>8</div> <div>Sundays on Stage: Keepers of the Culture. Rich legacy of oral tradition preserved in stories told among African-American communities that survived & thrive in Phila. 2 p.m. Parkway Central Library. 215-686-5322.</div>	<div>9</div> <div>COLUMBUS DAY <i>(observed)</i> Essential Tools to Protect Assets After Retirement. Topics: Final expenses, survivors’ income, retirement income & savings. 11:30 a.m. Center on the Hill. 215-247-4654.</div>	<div>10</div> <div>Breast Health Education. 10 a.m. PSC – Allegheny. Presented by Susan G. Komen & PCA. 267-286-1455. Masquerade Party. 1 p.m. Center in the Park. 215-848-7722. \$ Medicare Presentation. 11 a.m. On Lok House. Presented by CARIE. 215-599-3016. Silver Dollar Workshop. See 10/3.</div>	<div>11</div> <div>Stroke Education. Class to guide patients through recovery: nutrition, medication & lifestyle changes. 2-3:30 p.m. Mercy Fitzgerald Hospital. 215-748-9592. Trip: Harrington Casino in Delaware. 8:45 a.m. to 6 p.m. Departs/returns: PSC – Arts. Register: 215-546-5879. \$</div>	<div>12</div> <div>Pennsylvania Ballet Presents: “The Sleeping Beauty.” Music by Tchaikovsky. 7:30 p.m. Academy of Music. 215-893-1999. (Through Oct. 22 at various times) \$</div>	<div>13</div> <div>Bariatric Surgery Info Session. Medical options for when weight threatens health. 8-9:30 a.m. Nazareth Hospital. Register: 855-537-7968. Keep it Moving: Pain Self-Management Program Begins. Class for seniors with chronic pain of arthritis, fibromyalgia, etc. 9-11:30 a.m. Center in the Park. 215-848-7722. (Weekly through Nov. 17)</div>	<div>14</div> <div>Amici Opera Company Presents: Ambroise Thomas’ “Amleto” (Hamlet). 4 p.m. Redeemer United Methodist Church. 215-224-0257. \$</div>	
<div>15</div> <div>Other Nations: An Animal Journal. Book launch & reading by local poet Maria Famá. Poems of the hearts & souls of animals – domesticated, feral, captive or free. 2 p.m. South Phila. Library. 215-685-1866.</div>	<div>16</div> <div>Breast Cancer Support Group. 1-2:30 p.m. Center in the Park. Register: 215-848-7722. Incontinence & Aging. Pelvic floor therapy treatment for men & women. 11:30 a.m. Center on the Hill. 215-247-4654.</div>	<div>17</div> <div>A 40-year Journey: Six Groups, Four Gurus & Insights about World Peace. Lecture/discussion series. 10:30 a.m. Center on the Hill. 215-247-4654. (Oct. 24 & 31) \$ Lecture: Going Beyond the Headlines – What You Should Know About Russia. 11 a.m. Park Central Library. 215-686-5331. Silver Dollar Workshop. See 10/3.</div>	<div>18</div> <div>Blood Pressure Screening. 9-11:30 a.m. Center in the Park. 215-848-7722. Older Women Fight Back. Breast health education & screening info. 10 a.m. Phila. Senior Center – Ave. of Arts. Presented by Susan G. Komen & PCA. 215-546-5879.</div>	<div>19</div> <div>Driver Safety Course. 10 a.m. PSC–Arts. 215-546-5879. \$ Health Fair. Info on Medicare, health care, community resources. 10 a.m. to 3 p.m. St. Charles Senior Center. 215-790-9530. High Tea Social. 12:30-2 p.m. North Broad Street Senior Center. 215-978-1300. Free/members; \$/others.</div>	<div>20</div> <div>Phila. Chamber Music Society Presents: Dover Quartet with Oboist Richard Woodhams. Works by Tchaikovsky, Bolcom & Bartok. Kimmel Center, Perelman Theater. 215-569-8080.</div>	<div>21</div> <div>Candlelight Ghost Tours. No decorations or hype. After-hours candlelight walking tour through historic site. Every half-hour from 7-10 p.m. Fort Mifflin on the Delaware. 215-685-4167. \$</div>	
<div>22</div> <div>The Philly POPS Present: A Star Wars Celebration. Featuring the music of award-winning composer John Williams. 2:30 p.m. Kimmel Center, Verizon Hall. 215-893-1999. \$</div>	<div>23</div> <div>African-American Journeys. 1 p.m. Center in the Park. 215-848-7722. \$</div>	<div>24</div> <div>UNITED NATIONS DAY Mah Johng. 1-3 p.m. Center in the Park. 215-848-7722. \$ Silver Dollar Workshop. 10-noon. Center in the Park. 215-848-7722.</div>	<div>25</div> <div>Going Beyond the Headlines – North Korea. 11 a.m. Parkway Central Library. 215-686-5331. Medicare Info Session. 10:30 a.m. Center on the Hill. 215-247-4654. Older Women Fight Back. Breast health education. 10 a.m. PSC - Arts. Presented by Susan G. Komen & PCA. 215-546-5879.</div>	<div>26</div> <div>Pantry Party. Bid on pantry/food items. 9-11 a.m. North Broad Street Senior Center. 215-978-1300. Who’s Caring for You in the Hospital? Learn the key players of inpatient care, caregiving from a distance & more. 12:30 p.m. Center on the Hill. 215-247-4654.</div>	<div>27</div> <div>A Mud Island Halloween. Fortune teller, classic horror movies, summon spirits with the Ouija board, ghost tours & paranormal investigations. 5-10 p.m. Fort Mifflin on the Delaware. 215-685-4167. \$</div>	<div>28</div> <div>Monte Carlo & Masquerade Cabaret. Fun & prizes. 7 p.m. St. Gregory Church, Founders Hall. Presented by N. Broad St. Senior Center. RSVP: 215-978-1300. Women’s Wellness Workshop: Cancers Affecting Women. African & Caribbean immigrant women; all welcome. 10 a.m. African Cultural Alliance of N. America. 215-729-8225.</div>	
<div>29</div> <div>Amici Opera Company Presents: Rossini’s “L’Italiana in Algieri” (Italian Girl in Algiers). 2:30 p.m. Dock Woods Chapel. 215-224-0257. \$</div>	<div>30</div> <div>AARP Smart DriverTek. Workshop on vehicle safety technology. 10:30-noon. Center on the Hill. Register: 215-247-4654. \$</div>	<div>31</div> <div>HALLOWEEN SEPTA Senior Key Card Day. Bring state-issued ID or driver’s license to receive new fare card for free transit 10:30 a.m. to 12:30 p.m. Center on the Hill. Sponsored by State Rep. Chris Rabb. 215-247-4654.</div>	<div>Breast Cancer Awareness Month</div>			<div>Domestic Violence Awareness Month</div>	

Milestones

Events that end with a \$ require an entrance fee or advance ticket purchase. Events that are free may request a donation or offer items for sale. Please call the number listed for information on pricing or other questions about an event.

Send your calendar items to:

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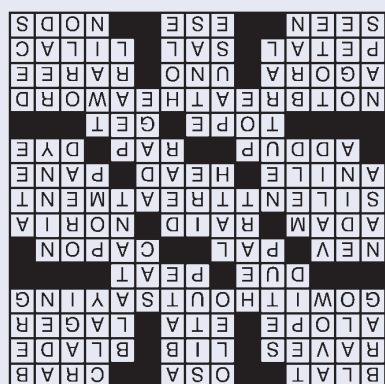
Recipe Box

Snapper with tomato-caper topping

Food can be the best medicine, but it doesn't have to taste like it. Many people avoid so-called "diet" recipes, assuming the food will lack flavor. But when prepared using fresh ingredients and seasoned well, healthy food can be delicious. Here's an example of a heart-healthy and diabetic-friendly recipe that is both flavorful and easy to make.

Crossword puzzle solution

(See page 19 for clues.)



Snapper with Tomato-Caper Topping

(Servings: 4; Serving size: 1 fillet with ¼ cup topping)

Ingredients:

- 2 cups halved grape tomatoes
- 2 tbsp. capers, drained
- 2 tbsp. fresh lemon juice (about 1 lemon)
- 2 tsp. olive oil
- 1 ½ tsp. dried or 1 tbsp. chopped fresh basil
- ¼ tsp. salt
- ⅛ tsp. crushed red pepper (optional)



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4 (6-oz.) snapper or grouper fillets, each about ¾-inch thick (Halibut, sea bass, redfish or pompano will also work.)

Cooking spray

1 tsp. paprika

2 tbsp. chopped fresh parsley

1 lemon, cut into 4 wedges

Directions:

Preheat oven to 450 degrees. Combine first 6 ingredients and crushed red

pepper, if desired; set aside.

Place fish fillets on a broiler pan lined with aluminum foil; coat foil with cooking spray. Sprinkle snapper with paprika; coat with cooking spray. Bake for 10 minutes.

Top snapper with tomato mixture; bake 5 minutes or until fish flakes easily when tested with a fork. Sprinkle with parsley, and serve with lemon wedges.

Source: *Cooking Light Superfast Suppers*



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Medicare

• continued from page 9

their health plans and prescription drug coverage for the following year to better meet their needs. You can also add Part D coverage if you do not have it already.

6. How do I know if I need to change plans?

You should always review the materials your Medicare health and prescription plans send you: the "Evidence of Coverage" and "Annual Notice of Change." If your plans are changing, make sure they will still meet your needs for the coming year.

7. Do I have to sign up for Medicare if I am still working and receiving health benefits from my employer?

Most people take Part A when they turn 65 even if they are still working. It is free if you worked and paid Social Security taxes for at least 10 years.

If you are covered by group insurance provided by your (or your spouse's) employer, you may be able to delay Part B, which has a monthly premium, without having to pay a penalty if you enroll later. People who continue to work beyond age 65 must be offered the same health insurance benefits (for themselves and their dependents) as younger people working for the same employer. This federal requirement applies only to employers of 20 or more employees. However, if your employer has fewer than 20 employees, you should sign up for Part A and Part B when you're initially eligible to avoid paying a penalty.

8. What kinds of things are not covered by Medicare?

Health care services not covered by Medicare include alternative medicine, most care received outside of the United States, cosmetic surgery, most dental care, hearing aids, personal or custodial care, housekeeping services, non-medical services, most non-emergency transportation, some preventive care, and most eye care.

A Medicare Advantage plan may cover some of these services. If you are in such a plan or considering one for the future, check to see what benefits it offers.

9. What is Medicare Supplement Insurance (Medigap)?

A Medicare Supplement Insurance (Medigap) policy, sold by private companies, can help pay some of the health care costs that Original Medicare doesn't cover, like copayments, coinsurance and deductibles. Some Medigap policies also offer coverage for services like medical care when you travel outside the United States. If you have Original Medicare and buy a Medigap policy, Medicare will pay a share of the approved amount for covered health care costs. Then your Medigap policy pays its share. A Medigap policy is different from a Medicare Advantage plan. A Medicare Advantage plan offers access to Medicare benefits, while a Medigap policy



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only supplements your Original Medicare benefits.

To purchase a Medigap plan, you must be enrolled in Medicare parts A and B and not in a Medicare Advantage plan. You pay the private insurance company a monthly premium for your Medigap policy in addition to the monthly Part B premium you pay to Medicare.

Medigap policies are no longer allowed to include prescription drug coverage. If you want prescription drug coverage, you can join a Medicare Part D plan.

10. What does it mean to be "dual eligible?"

You are dual eligible if you are enrolled in both Medicare and Medicaid. Medicaid is a federal/state health insurance program for low-income people. If you are dual eligible, Medicare and Medicaid will work together to coordinate your health care and health costs.

Sources: *The Centers for Medicare and Medicaid Services (cms.org) and the Social Security Administration (ssa.gov).*



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Please Note: Not all income and resources count in deciding who is eligible for Extra Help.

If you are close to meeting the income and asset limits above, we encourage you to call

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For FREE Medicare Insurance Counseling



Spirituality

• continued from page 1

of life challenges and health woes: two strokes, aortic stenosis (the narrowing of the exit of the left ventricle of the heart), a cancer diagnosis at 30, the deaths of two baby girls within a week of their births, the recent death of a grown son, the muscular dystrophy of a 51-year-old daughter, and the death of a husband of 29 years. Now remarried and an active volunteer at several hospitals and schools, Cohen sought out a physician, William Dickerman, D.O., who did not tip-toe around the subject of religion.

"He talks to the whole person – not just about physical or mental health issues, but also about religious beliefs," Cohen said. "He asks me if I have talked about my issues with my rabbi and whether my religious community is supporting me. That's important."

She describes Dickerman as something of a country doctor who spends an hour or more with a patient and explores the individual's belief system. Experts say that that kind of discussion has become more common as studies continue to show the benefits of the medical community exploring – and some embracing – the idea that faith plays into

overall wellness.

"The younger generation of doctors trained in the last 10 years or so clearly have been exposed to teachings on the importance of spiritual, emotional and physical health," said Jerry Johnson, M.D., a professor of medicine at the Perelman School of Medicine at the University of Pennsylvania and chief of the geriatric medicine division. "Doctors are more aware of the role of hospital chaplains over the past 15 years and are having open discussions about the patients' spiritual beliefs."

Having received a grant from the National Institutes of Health, Johnson and his team are studying the feasibility of working with the African-American church community in Philadelphia to improve communication about end-of-life issues.

"One way to think about it is to focus on a good life up until the last minute, and what a good life is going to look like will vary from person to person," Johnson said. On the other hand, he said, "a good death is all about comfort and being able to spend quality time with loved ones. In terms of an untreatable cancer, chemo causes weakness and tiredness and interferes with the goal of comfort. The question is: Is it better to spend the last two

weeks with family versus in a hospital bed with a lot of tubes?"

The Rev. Calenthia Dowdy, Ph.D., director of faith-based initiatives at Philly FIGHT,

Focus on a good life up until the last minute.

is a Mennonite minister who has seen the positive effects of having faith when facing a positive test for HIV, the virus that can lead to AIDS.

"The thing that gets many people through the shock and trauma of diagnosis is a reliance on God," Dowdy said. "Some may not have defined themselves as a believer, but they say, 'HIV saved my life because it forced me to turn inward and toward spirituality.' I have seen where they ... heal better in general because their immune system is boosted, and that's what HIV is all about anyway. Faith seems to be one of the things that does that."

Dowdy herself incorporates spirituality in the way she deals with patients, urging them to look at faith and other healthy avenues to boosting the immune system, including laughter, walking and meditation. She has seen a slow turnaround among her peers in

the health care field.

"It seems the more scientific proof we have, the more this actually happens where medical providers get on board," she said.

With a master's degree in psychology, Patricia Evans has a counseling practice in North Philadelphia in which she helps clients with sobriety. She was a five-year cancer survivor until a reoccurrence six months ago. A deaconess in her church, she relied on her faith and found that her medical team at Cancer Treatment Centers of America included spirituality in their approach to her diagnosis.

"I noticed the brochures in the display holder dealing with spirituality, and that opened up conversations with my doctors, who wanted to get to know me as a person," Evans said. "I know that prayer and meditation helped me with pain management and reduced my feeling of being sickly, and I was at peace and in a calmer state of mind."

So the next time you see your family doctor, tell him or her you read this article and open the conversation that so many don't know how to open.

Barbara Sherf is a personal historian and laughter yoga leader. She can be reached by email at CaptureLifeStories@gmail.com.

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Law center

• continued from page 1

earlier in life and persists into old age, according to the NCEA, whereas “late onset domestic violence” begins in old age. There may have been a strained relationship or emotional abuse earlier in the relationship that got worse as the partners aged, or abuse might begin in later years related to factors such as retirement, disability or sexual changes. Some victims enter into an abusive relationship later in life, often unaware of the potential for abuse at the outset. In the case of frailer victims, abusers may also limit access to medical care, give too much medicine or take away assistive devices.

A hidden community

SLC has served older victims of intimate partner violence since its inception nearly 40 years ago. “What inspired us to pursue this

grant and expand our work in this area was the realization that older victims are a hidden community, often isolated and without support,” Goldberg said.

Senior victims are reluctant to come forward, and they are underrepresented in domestic violence statistics, experts say. The violence in their intimate partner relationships is often embedded in long and complex family histories that may include marriages of many years. “Think of a senior having to pick up and leave a spouse at 70 years old,” Goldberg said. “We’ve had some clients who never worked, never accumulated money on their own and do not even have Social Security. They never handled bill payments. They’re afraid of having their house foreclosed on or not being able to make the rent and meet living expenses if the abuser no longer provides for them. They’re afraid of leaving all that is familiar to them. Many are frail, which can make it difficult to take action or even to endure the process of coming to court.”

According to NCEA, in the case of senior abuse, abusers may be the caretakers of frail, elderly victims. In such cases, victims may worry about who will provide their care or if they will be moved to a nursing home if they take action against the abuser. Other times, victims may be caregivers to their abuser and feel a sense of responsibility that keeps them tied to a person who depends on them, NCEA reports.

“Without ensuring that abusers cannot live with their victims, without ensuring that victims are free from financial manipulation by their abusers, and without ensuring additional means of financial independence and economic security, senior survivors are more likely to be dependent upon their abusers and to continue in or return to their abusive situations,” SLC’s website notes.

We help empower clients to make decisions and let them know they have options,” Goldberg said. Given clients’ frequent ambivalence and fear, she said, “things move at the pace of the client, not at the pace of the lawyer.”

Helping victims change their lives

One of SLC’s domestic violence cases involved Emma Ross,* who was being physically assaulted by her husband. The case proceeded in fits and starts. “We helped her to file a protection-from-abuse order that removed her husband from her home for a period of time,” Goldberg said. “We also en-



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Older victims are a hidden community, often isolated and without support.

couraged her to file for spousal support. At first she did not want to do so. Later, she faced foreclosure on her home because her spouse stopped making mortgage payments. She did not have enough to live on. Her situation was very precarious.”

SLC draws on its own attorneys, attorneys and advocates from outside the agency, and experts from social service and health organizations to provide assistance and promote victims’ dignity and independence.

In Ross’ case, the SLC project attorney was able to advise Ross about preventing foreclosure and assist her in filing for spousal support. Subsequently, Ross was awarded a sizable amount of support that enabled her to pay her mortgage and meet her other living expenses. With SLC’s help, she pursued legal actions to achieve permanent separation and divorce from her abusive spouse.

As a legal advocate with SLC’s domestic violence program for seniors, Tara Saunders, a paralegal with a master’s degree in criminology, assists and advocates for older victims who are facing economic insecurity as a result of abuse. She helps victims access resources including benefits and entitlements; emergency assistance programs to help with food, clothing, shelter and other critical needs; counseling for emotional support; financial assistance programs; and senior community

centers that can help relieve isolation. Philadelphia Corporation for Aging (PCA) is a frequent collaborator. PCA’s Older Adult Protective Services department can investigate reports of abuse, and its long-term care professionals can help assess seniors’ level-of-care needs and provide information and referral to appropriate programs.

Providing needed assistance

Saunders works with the Philadelphia Police Department Victims’ Services Unit to identify and reach out to seniors experiencing violence. She is available at court to meet with older victims and explain how SLC’s program can help them. If victims are reluctant to pursue this, she checks with them periodically to determine if they have changed their mind about taking further action and whether they need economic empowerment assistance.

She was on the scene when Herman Hutchins,* frail and elderly, came to court accompanied by a family member who was helping him to file a protection-from-abuse petition against his wife. His late-in-life marriage had occurred after he had hired home health aide Rona Boyer.* Over time, Boyer had manipulated his medications without his knowledge to the point where he lacked mental clarity and became much frailer. She also manipulated her increasingly confused client into marrying her, moved her family into his home, took over his finances and assets to use for her personal benefit, and physically assaulted him. She convinced concerned others that Hutchins had dementia.

A family member who became aware of the situation decided to help Hutchins file a protection-from-abuse petition. When Saunders met with Hutchins and his family member at the domestic violence filing unit, the two were eager for help. SLC attorneys assisted with the trial, which resulted in Hutchins receiving a final protection-from-abuse order, protection of his financial assets and restoration of his credit so he was not left financially devastated. Saunders also connected him to resources for help with his health issues.

Saunders saw her former client recently to answer some questions. “He looked so much better and had regained his mental sharpness,” she said. “I was so excited. I gave him a big hug. I love what I do.”

**Names have been changed to protect confidentiality.*

Contact Marcia Z. Siegal at mseigal@pcaphl.org.

Law center offers services

Since it launched its Strengthening the Economic Security of Older Victims of Domestic Violence program in 2015, Senior-Law Center has assisted 215 older victims of intimate partner violence, educated more than 1,500 older adults about the issue and resources for help, and trained more than 320 senior-serving professionals on how to address this problem.

Victim services include:

- Legal actions to assist survivors in having their abusers removed from their homes
- Spousal support actions
- Legal assistance with housing issues (including fraudulent deed transfers) to guarantee that survivors can remain in their homes
- Legal assistance to prevent or address abuse by a Social Security representative payee and/or power of attorney
- Information on and assistance with financial assistance for crime victims
- Assessment of physical, emotional and emergency needs and referral to resources to address those needs
- Connecting survivors to resources to change locks, install security bars and address other immediate safety needs

Critics' Corner

Audiobooks provide 'easy reading'

By Frank Burd

In the past few years, it's been harder to pick up a book and stay with it. I loved reading for most of my life. I learned so much. I also got lost in the stories of others, both fictional and true. Books weren't expensive, so I rarely used the library – I bought the book. But now, I find it more difficult to get lost in a book. It could be age, or it could be the head injury of 10 years ago. But I am in luck; I've discovered a new way to read. Now, I am an avid user of the library. Why? Audiobooks! Today, I don't get in the car without a book.

Recently, I've been listening to memoirs and biographies. "Einstein: His Life and Universe" by Walter Isaacson is so good, so full of information about Einstein's personal life, that they made an entertaining TV series out of it.

The memoir by Billy Crystal is fun, informative and effectively read by Crystal himself. It often felt like I was in the audience of one of Crystal's stand-up shows.

The biography of Gypsy Rose Lee by Karen Abbot was a joy to listen to as it told the story

of the infamous burlesque queen I'd only known minimally from the Broadway show "Gypsy."

Rita Moreno's memoir is a lively depiction of the girl we know as Anita in "West Side Story" and as a regular on that wonderful PBS show, "The Electric Company."

One amazing piece of fiction I listened to was Jonathan Safran Foer's "Extremely Loud and Incredibly Close." It tells of a 9-year old boy as he tries to uncover the story behind his father's death at the World Trade Center and goes progressively deeper into the lives of others and farther into the past. The three readers are outstanding.

A few other things about audiobooks. You take a few from the library and listen to the first disc of each to see what grabs you. And if you forgot where you are when you get in the car, you just back up the disc a little. And, of course, you can always listen at home while you do the laundry or other non-thinking activities.

Frank Burd, a freelance writer and photographer, is a former Philadelphia public school teacher.

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Medications

• continued from page 6

An awakening

Even for energetic senior Doris Beeks, a regular at the Center in the Park senior community center in Vernon Park, issues of health and medications have become increasingly important. In part through classes she took at the center, Beeks was awakened to the necessity of being her own health advocate and questioning any prescription to understand its purpose and how and when to take it.

"At 77, I feel good," she said. "But I learned at those classes that I can't depend on others to be informed about me. I have to know myself."

As a diabetic, Beeks has learned the importance of good medication management. "These days, I'm much more involved in my diabetes issues, and I know to speak up about what medicines I take and why I take them," she said.

Beeks credits her awakening to the realization that medicines can hurt her health if she uses them improperly. As a result, she keeps a written record of every medication she takes.

She knows that stopping a medication is not a decision she can make without the advice of an expert. She also knows that starting a new drug also means communicating any side effects to her doctor.

"I had a fall last year, and I know how it feels to lose your independence," she said. "I think I want to be my own best friend now,

and know what I'm taking, and why and how it makes me feel. I'm not afraid to ask questions these days."

Changing reactions

When Eileen Sullivan teaches her undergraduate and graduate students at Saint Joseph's University, she emphasizes that there's no hard and fast rule about when "old age" begins these days. "I definitely see people living longer and even extending their working lives into their mid- and late-70s," said Sullivan, an assistant professor in the department of health services whose classes include nursing and physical and occupational therapy students.

But Sullivan agrees that older patients face concerns including a greater incidence of

chronic diseases like diabetes, hypertension and autoimmune diseases. "All of health care has become more complex, and I stress to students that the body changes, particularly when people are in their 80s and 90s," she said.

Sullivan, a registered pharmacist in Pennsylvania and New Jersey, explained that physical changes in older adults affect the absorption, distribution and elimination of medicine. Seniors' reactions to medications is critical when considering that, in a recent study of residents of a nursing home, each patient had 16 to 18 prescriptions.

"Of course, that brings a lot of concerns about interactions," Sullivan noted. "Seniors who live independently or alone certainly may become confused by that kind of dosage."

Asking questions, keeping records and communicating with your health care provider can help to ensure that whether it's six prescriptions or 16, your medications will function as intended.

Constance Garcia-Barrio is a freelance writer and author of a novel based on African-American history in Philadelphia.



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Apprise

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For more information:

- **Apprise – Mayor's Commission on Aging:** 100 S. Broad Street, 4th Floor, Suite 400; 215-686-8462; Covered ZIP codes: 19102, 19103, 19104, 19105, 19106, 19107, 19112, 19121, 19122, 19123, 19125, 19127, 19130, 19131, 19132, 19133, 19134, 19137, 19139, 19138, 19142, 19143, 19145, 19146, 19147, 19148, 19151, 19153
- **Apprise – Einstein Medical Center:** 5501 Old York Road; 215-456-7600; Covered ZIP codes: 19111, 19114, 19115, 19116, 19119, 19120, 19124, 19126, 19128, 19135, 19136, 19138, 19140, 19141, 19144, 19149, 19150, 19152, 19154
- **Statewide Apprise Helpline** (toll-free in Pennsylvania): 1-800-783-7067
- **The Center for Advocacy for the Rights & Interests of the Elderly (CARIE):** presentations about Medicare year-round; counseling during open enrollment. 215-545-5728.

In addition to health insurance counseling, the Apprise program offers presentations about Medicare and opportunities for volunteers. Contact your local office (see above) to learn more.

Don's Column

Pondering short pants and politicians



By Don Harrison

Old photos, recently unearthed, show my wife and me younger, healthier and better-looking — and with cigarettes in hand.

Yes, both of us smoked — almost everyone we knew did — but we stopped — cold-turkey — and in more than a half-century, we haven't backslid. We quit on a dare ("I won't if you don't"); a cigarette would have meant defeat.

At the risk of sounding smug, it was no great hardship. I took the leftover packs of cigarettes into The Bulletin newsroom and distributed them to those grateful colleagues who hadn't quit, and that was that.

I wonder whether smoke still rises from meetings, as it used to. Or whether members of the military, calling for a pause in the action, still bellow, "Smoke if you got 'em." (Most GIs did, in fact, have them.) Some people still smoke, which I find extraordinary, since the ill effects have been proven.

Cigarettes figure in most old movies, especially in the intimate love scenes. It was apparently a turn-on at the time.

Now, however, NO SMOKING is the rule in workplaces where that smoke used to billow. Who says we haven't progressed?

When knickers were worn

Growing up as a boy in West Philly was a progression in pants. I got my first long pants when I was 13. As a toddler, I had worn short pants, and in the interim years, we young boys wore knickers.

Kids don't wear knickers anymore. Both boys and girls wear slacks, or shorts when the weather calls for it — which are more sensible, and less formal.

I remember with fondness my boyhood, when the pants we wore were rites of passage.

The pols at the polls

In my years as a newspaper editor, I got to know many politicians — and I liked most of them. Pols get a bad rap, like so many other groups — professional, ethnic and lifestyle-based. By and large, every group falls along a curve — most of them in the middle; a few (damned few) on one positive, even statesmanlike, extreme; and the rest on the other end, filled with crooks and "nogoodniks."

Politicians choose to be so because they want to serve their community. They take a lot of guff from their constituents, but for the most part, they work hard and get results; the system works.

Remember that next month. Vote because the future may depend on it.

Milestones Editor Emeritus Don Harrison served as deputy editor of the Daily News opinion pages and as an assistant managing editor and city editor of the Philadelphia Bulletin.

We know we must respect our pain. We must learn how to cope with it, how to manage it. But how do we want others to treat it? We don't want to hear "Don't worry; it will get better." We know it will get better. Well, we think it will. We hope it will.

Neither do we want others to compare our pain to their own. We just want them to recognize our struggle. Is that so hard? I suppose it is, because few folks know how to do it.

When it comes to pain, there are no easy answers. All we can do is learn to accept it, stay active in trying to reduce or remedy it, and take comfort in those who understand — and ignore those who don't. Is that too much to ask? It might be. I know one thing. It sure is a pain!

Frank Burd, a freelance writer and photographer, is a former Philadelphia public school teacher.

Crossword

Quiet!

Solution

The solution can be found on page 12.

Across

- | | | | |
|------------------------|-----------------------|----------------------|----------------------|
| 1 Speak out | 19 Be understood | 43 Old-womanish | 64 Greek marketplace |
| 5 Explorer Johnson | 22 Proper | 44 Chief | 65 Numero ____ |
| 8 Crustacean | 24 Elko, ____ : abbr. | 45 Window part | 66 Carnival show |
| 12 Talks wildly | 27 Accomplice | 46 Be in accord | 67 Rose part |
| 14 Ad ____ | 29 Rooster | 48 Discuss | 68 Girl of song |
| 15 Ice skate part | 33 First man | 50 Color | 69 Flowering shrub |
| 16 Daughter of Cercyon | 35 Incursion | 51 Drink excessively | 70 Viewed |
| 17 Greek letter | 38 Water wheel | 54 Obtain | 71 Vane dir. |
| 18 Beer | 40 Show aloofness | 56 Maintain secrecy | 72 Becomes listless |

Down

- | | | | |
|----------------------|--------------------------|----------------------------|---------------------------|
| 1 Boast | 15 Clamorous | 36 Anger | 55 <i>The Innocents</i> |
| 2 French composer | 20 Core of anything | 37 Heartfelt | <i>Abroad</i> author |
| 3 Own | 21 Algonquin | 39 Suit to ____ | 56 Dozes |
| 4 Warm | 24 Space agcy. | 41 Indifferent | 57 Double curve |
| 5 Spread | 25 City near Minneapolis | 42 Proverb | 58 Board or bag |
| 6 Exercise | 26 Just | 47 <i>The Gold Bug</i> | 59 Grain husks |
| 7 Subside | 28 Strip of wood | author | 60 Aperture |
| 8 Earth | 29 Splendor | 49 Nacre | 61 Plinth |
| 9 Cereal grass | 31 Mountain nymph | 52 Hiatus | 62 Peruse |
| 10 Yemen seaport | 32 Simpleton | 53 Former beverage heaters | 63 Calendar abbreviations |
| 11 Austrian composer | 34 Pinochle score | | |
| 13 Establish | | | |

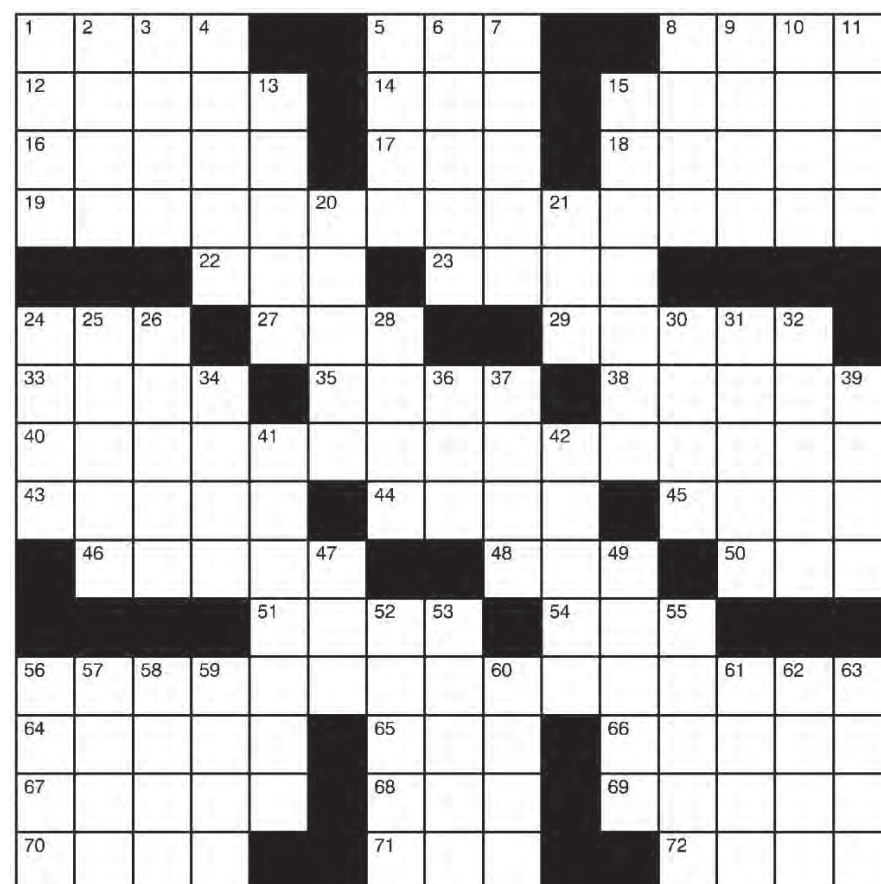
Managing pain

• continued from page 8

or my head. Who thought about these things when we were young?

There are many adjectives to describe pain, but a few stand out. Did you ever hear anyone use the word "excruciating" without putting "pain" after it? Then there's "severe." And how about "agonizing?" Certainly, many social and psychological situations call for the word "agonizing," but it sure does go with pain. So does "horrific."

I am in daily pain from a severely, horrifically (see?) broken neck I suffered 10 years ago. I wake up each morning hurting. I am so happy the pain is not agonizing. In fact, most of the time, it is manageable. I am lucky.





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